

Network Adequacy: Medical and Dental Annual Network Review User Manual

PLAN YEAR 2027

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Network Adequacy: Medical and Dental Annual Network Review User Manual

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**NETWORK ADEQUACY: MEDICAL AND DENTAL ANNUAL NETWORK REVIEW USER
MANUAL**

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Part 1: 2027 Updates

In reference to this manual, medical plans or medical networks are the same as health plans or health carriers. Dental is used interchangeably with standalone dental, and both are in reference to standalone dental plans offered on MNsure.

Templates and Forms Modified

The Minnesota Department of Health (MDH) updated all templates and forms for 2027. The provider file now includes the general waiver, ECP waiver, and appointment wait times survey (not applicable to dental). There are now separate attestations for medical and dental networks. It is recommended that plans consult this user manual for help completing the templates and forms.

Fines Enforced

The due date for 2027 plan year network filings is Monday, June 15, 2026. Plans who do not submit all required documents by this date will be fined up to \$500 for each day the submission is past due. ([MN Statutes 62D.08 subdivision 4 \(revisor.mn.gov\)](#))

All required documents must be submitted free of errors. Documents that are submitted with errors are not considered submitted on time and may be subject to late submission fines. MDH is available to meet prior to the due date to troubleshoot errors and provide feedback on the requirements. MDH will consider the last provider file submitted on or before the due date as the final version, unless MDH receives written correspondence via email asking for help with a file submitted prior to the due date.

As with annual reports, extensions for good cause can be granted at the discretion of the commissioner. To be considered for an extension, HMOs must request an extension of a specific time in writing at least three working days prior to June 15, 2026 (by June 10, 2026).

For Plan Year 2027, the ECP waiver, general wavier, and appointment wait times survey are included in the provider file. The attestation is a separate form. If these documents require corrections, MDH will reach out to plan contacts with the correction request and provide a due date. If documents are returned after the due date, MDH will assess a fine of \$500 for each day the submission is past due.

Map Removal

Why are we removing the mapping requirement?

MDH used physical maps to understand how 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 time and distance standards were not met.

For 2027 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 time and distance standards for regulated specialties. Therefore, it is no longer necessary for plans to submit physical maps to MDH. We assume that plans are conducting their own analysis of how their provider network meets time and distance standards, as demonstrated by waiver requests (see below).

Waiver Analysis

In previous years, plans have submitted requests for waivers in a separate file. For plan year 2027, the 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 time and distance standards as you have in previous years on the waiver form.

MDH will also complete its own review through Quest to determine if networks meet the time and distance standards which will be compared against the latest QHP census data. Please use plan year 2027 QHP census data published on the [QHP Network Adequacy website](#) under *Application Resources*. For networks that do not meet the time and distance requirements, MDH will review its internal analysis and compare it to the waiver form in the network provider file. If there are differences in the analysis MDH will reach out to the plan and include a gap report from the internal review to resolve discrepancies without applying fines.

General Waivers Posted by Plans

Per [Minnesota statutes, Chapter 62K.075 \(a\)](#), plans are required to include a list of approved waivers on their website in a format that is easily accessible and searchable by enrollees. Waivers must be posted within one month of approval. Once posted, plans must provide a working link to MDH.

MCS Portal Use Continued

MDH will continue using the [MCS Portal](#) for 2027 submissions. Documents will not be accepted via email. Please troubleshoot account issues prior to the due date. Inability to understand the MCS Portal and how to use it does not exempt plans from filing deadlines or fines. See Part 5: Submission Accounts for additional information. MDH will also provide training opportunities.

Required documents

The following documents must be submitted via the MCS Portal by **Monday, June 15, 2026**:

- Network Attestation
- Provider file (includes network information, list of network providers, waivers, appointment wait times information (medical only), and ECP waivers)

The following documents should only be submitted if they apply to your situation; they are also due via the MCS Portal by Monday, June 15, 2026:

- Network Rental Agreement
- Network Service Area Partial County Justification

Part 2: Regulatory Requirements

Who is Regulated?

Under [Minnesota Statute, section 62K.10](#), individual and small group plans requiring an enrollee, or creating incentives for an enrollee, to use a designated provider network must

ensure that providers are geographically accessible to all potential enrollees within the plan's service area.

[Minnesota Statute, section 62V.05, subdivision 9](#) requires standalone dental plans (SADPs) offered through MNsure to meet all certification requirements under section 1311(c)(1) of the ACA that are applicable to medical plans, which includes Minnesota Statute, section 62K.10.

Rental Agreements

Rental agreements are required for medical and standalone dental plans that lease 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.

Time and Distance Standards

[Minnesota Statutes, section 62K.10, subdivision 2](#) states medical and standalone dental plans must meet the time and distance standards under Code of Federal Regulations, title 45, section 155.1050. In alignment with this requirement, Minnesota adopted federal Marketplace time and distance standards that vary by county for evaluating geographic access to providers.

Medical and standalone dental plans must demonstrate, through their network adequacy submissions, that their provider networks meet these standards and provide reasonable geographic access to covered services for enrollees across the network service area. Specific time and distance standards are included in Appendix C.

Medical Networks Standard

For 2027, there are 51 time and distance categories for medical networks; 49 are required, 2 are only required if those services are offered by the plan.

Dental Networks Standard

Pediatric dental services and adult dental services are subject to time and distance standards under general dentistry. The dental specialties, orthodontics, endodontics, oral surgery, prosthodontics, and pediatric dentistry are not regulated under time and distance standards. For 2027, there is only one time and distance category for dental networks.

General Waivers

Regulatory authority for network adequacy waivers comes from Minnesota Statutes, section 62K.10, subdivision 5. This is the state authority that requires medical and standalone dental plan networks to meet time and distance standards or seek a waiver. This includes the following:

- A) a plan must apply to the commissioner of health if the network is unable to meet statutory requirements and include a \$500 fee and must:
 - 1) demonstrate how it is unable to meet requirements and

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- 2) include specific steps that have been and will be taken and the timeframe
- B) MDH will establish guidelines and review each waiver application, approving only if:
 - 1) the standards for approval are met
 - 2) steps were taken to address the network adequacy and include a time frame
- C) if there are no providers of a specific type or specialty in a given county, the medical carrier may satisfy the requirements using telehealth
- D) the waiver expires after 1 year and if one is needed the following year, a plan must redemonstrate how they do or do not meet network adequacy requirements
- E) application fees are deposited in the state government special revenue fund at the state treasury.

Network Adequacy Additional Standards

In accordance with [Minnesota Statutes, section 62K.10 subdivision 4\(a\)](#), including clauses 4(a)(1) through 4(a)(6), medical and standalone dental plans are required to ensure minimum provider and facility participation standards within each network. For some provider types, minimum participation is at least one provider per network; however, if MDH does not feel this satisfies the requirements under subdivision 4(a) further stringency may be applied. For example, MDH requires at least one Home Health Care Agency per county for medical networks. Plans must also ensure that provider availability is sufficient to support the scope of benefits offered.

Medical Network Standards

MDH requires medical networks to meet minimum provider participation standards. In order to meet this standard, we require at least one provider in the individual and facility categories.

Standalone Dental Standards

For 2027 there are no minimum provider participation standards.

Essential Community Providers

MDH has network adequacy requirements related to Essential Community Providers (ECPs). Regulatory authority for ECPs comes from [Minnesota Statutes, section 62Q.19, subdivision 3](#). This is the state authority for overseeing and coordinating ECPs. A “medical or dental plan company:”

- Must offer a provider contract to all designated ECPS in the network service area
- Must include all ECPs with a contract in the provider file
- Shall not restrict enrollee access to services provided by the ECP
- May make other providers available for services provided by ECPs
- May require all ECPs to meet the same data requirements, utilization review, and quality assurance requirements as other medical and dental plan providers

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MDH designates ECPs pursuant to the requirements in [Minnesota Statutes, section 62Q.19 and Minnesota Rules Part 4688](#). MDH separates facilities designated as ECPs into 11 different specialty types. They are:

- Chemical Dependency Services
- Family Planning
- Indian Health Care Services Provider
- Mental Health Services
- Primary Care Services
- Medical Services
- Dental Care
- Physical Rehab Services
- Home Care Services
- Birth Centers
- Psychiatric Residential Treatment (under 21) * not DHS PRTFs

A complete listing of Minnesota designated ECP clinics is available at [MDH's Essential Community Providers webpage](#).

Medical Network Standards

Medical networks are required to attempt to contract with all ECP specialty types.

Dental Network Standards

Dental networks are required to attempt to contact with only dental care ECPs.

ECP Waivers

The [Public Health Service Act](#) established standards for verification for medical plans. With the passage of the Affordable Care Act (ACA), state network adequacy standards have been modeled after these federal standards. Under federal regulation [45 CFR 156.235](#) states are required to justify why a plan cannot meet ECP requirements. MDH has created a waiver form to serve as this justification.

Partial County Service Area

Individual and small group plans must offer a network that covers the entire county in their service area per [Minnesota Statutes, section 62K.13](#). Partial county coverage is considered if it is necessary, nondiscriminatory, and in the best interest of enrollees. If an individual or small group plan requests to serve less than the entire county, they must fill out the Network Service Area Partial County Justification form and provide data that shows the partial service area is not discriminatory.

Appointment Wait Times

[Minnesota Statutes, section 62K.10, subdivision 4\(b\)](#) gives MDH the authority to enforce network adequacy standards using any reasonable criteria including appointment wait times. Presently, MDH does not enforce specific appointment wait times requirements, though we are strongly considering implementing this standard in the coming years. To help MDH better understand the applicability of appointment wait times, medical plans are required to complete an appointment wait times survey with their 2027 network adequacy filings. The survey questions are based on federal appointment wait time standards. The survey does not apply to standalone dental plans.

Part 3: Medical Networks Submission Instructions

If you are a standalone dental plan (SADP), please skip to page 29.

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

Regulated Medical Individual Provider and Facility Categories

Providers are categorized as either individual providers or facilities. This section details the list of providers, and how they are regulated.

Time and Distance

Time and distance standards vary by provider type and the county they are located in. Details on time and distance standards by county type and provider type and can be found in Appendix C.

Individual Provider Types

- Acupuncture (if offered) *
- Allergy and Immunology
- Anesthesiology Physicians and Certified Registered Nurse Anesthetist
- Cardiology
- Cardiothoracic Surgery
- Chiropractic Services
- Colon and Rectal
- Dental Providers – Pediatric (if offered) **
- Dermatology
- Emergency Medicine
- Endocrinology
- ENT/Otolaryngology

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- Gastroenterology
- General Surgery
- Gynecology OB/GYN
- Infectious Disease
- Mental Health Providers (outpatient therapy)
- Mental Health Provider Prescribers
- Nephrology
- Neurology
- Neurosurgery
- Occupational Therapy
- Oncology-Medical and Surgical
- Oncology-Radiation
- Ophthalmology
- Orthopedic Surgery
- Physical Medicine, Rehabilitation and Occupational Medicine
- Physical Therapy
- Plastic Surgery
- Podiatry
- Primary Care-Adult
- Primary Care-Pediatric
- Pediatric Specialty Care***
- Pulmonology
- Rheumatology
- Speech Therapy
- Urology
- Vascular Surgery

***Acupuncture**

If the network doesn't include acupuncturists, submit a written statement indicating none.

****Dental Providers-Pediatric**

This category includes general and pediatric dentists. Please refer to Appendix B and Appendix C for additional information. If the network doesn't include pediatric dental care providers, submit a written statement indicating none.

***Pediatric Specialty Care

This category includes multiple different specialty types. Please refer to Appendix A and C for the categories included in this specialty.

Facility Specialties

- Acute Inpatient Hospitals (24/7 Emergency Services Required)
- Cardiac Catheterization Services
- Cardiac Surgery Program
- Critical Care Services – Intensive Care Units
- Diagnostic Radiology
- Home Health Care Agency
- Inpatient or Residential Behavioral Health Facility Services*
- Mammography
- Outpatient Infusion/Chemotherapy
- Skilled Nursing Facilities
- Substance Use Disorder (Outpatient)**
- Surgical Services (Outpatient or ASC)
- Urgent Care

***Inpatient or Residential Behavioral Health Facility Services**

This category includes multiple different specialty types. Please refer to Appendix A and C for the categories included in this specialty.

****Substance Use Disorder**

MDH removed substance use disorder (inpatient) category for 2026 requirements. Inpatient substance use disorder services are expected to be included through other facility types including inpatient hospital, residential treatment, inpatient/residential behavioral medical, and PRTFs.

At Least One Per County

Individual Provider

There are no individual providers regulated under the at least one per county standard.

Facility Specialty: Home Health Care Agency

Please make sure you have adequate coverage based on benefits offered. This category is not regulated under the time and distance standard as service is provided in enrollees' homes. Instead, MDH is requiring coverage for at least one (1) home health care agency per county within a network service area.

At Least One Per Network

Individual Provider

- Genetics
- Lactation Counselor

Facility Specialties

- Birthing Center
- Organ Transplant Center
- Pediatric Specialty Hospital
- Psychiatric Residential Treatment Facility (PRTF DHS)
- Residential Treatment Facility

Instructions for Completing Network Adequacy Documents

The following documents must be submitted via the MCS Portal by **Monday, June 15, 2026**:

- Network Attestation
- Provider file workbook (includes network information, provider file template, waivers, appointment wait times survey, and ECP waivers)

The following documents should only be submitted if they apply to your situation; they are also due via the MCS Portal by Monday, June 15, 2026:

- Network Rental Agreement
- Network Service Area Partial County Justification

Attestation

The network attestation covers requirements that cannot be easily evaluated from the provider file. Medical plans must complete all required fields to accurately identify the network being submitted for review. The information provided must correspond to the network filing and supporting documentation submitted to MDH.

A complete medical attestation includes:

- All fields in the *Health Plan and Network Information* section are answered, including medical plan, network name, network ID, signee name, title, and date (completed form);
- A response to each attestation question 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.

The *Medical Network Adequacy Attestation* will not be considered complete, and therefore will not be reviewed, until the network information section and all questions have been answered and the form has been signed and dated by an authorized representative.

Provider File

The file is a complete listing of a network's individual providers and facilities that are regulated under MDH's standards including time and distance, at least one per county, and at least one per network. MDH uses the data in the provider file 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 provider file has five tabs that need to be completed.

General Instructions for the Provider File

- Submit one provider file per network. The network name in the provider file must exactly match your SERFF filing.
- Some individual provider categories like Primary Care-Adult are broad terms that include multiple sub types such as general practice and family medicine. These broad categories and their subtypes can be found in Appendix C.
- Enter one specialty type per Excel row. If a provider has more than one specialty type, please use multiple rows. For example, if Dr. Smith is both general practice and family medicine, Dr. Smith should appear on two separate rows for primary care, one under 001-general practice and one under 002-family medicine.
- Please include all pediatric specialties, and any additional pediatric sub-specialty providers in the provider file using code PE and their affiliated specialty type. For example, if the network includes pediatric endocrinologists, use PE012. Some individual types may not have an additional sub-specialty. For these please just use PE.
- A taxonomy code serves to connect provider or facility type to their respective measurement standard. An individual or facility type may not have a taxonomy code. When there is no taxonomy code, please use the N/A option. Taxonomy codes are listed in Appendix B.
- The file must be returned as an Excel, Macros-enabled workbook with all five sheets. At a minimum, the Network Information Tab, Provider File Template tab, and Appointment Wait Times tab should be filled out for every network.
- Users may not need to enter information in each cell for each data row. Please review the column instructions and validation section to determine when data is needed and how this impacts validation.
- When users are completing their own mapping use current census and not enrollee data. The federal exchange updates census data yearly and information is found on their QHP Network Adequacy website. Please limit the PY2026 QHP Population Sample File to include only those within your network service area.

Network Information Tab

Network Information	Provider File Template	Appointment Wait Times	General Waivers	ECP Waivers
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Required for all medical networks. If any information is left blank at submission the provider file is incomplete and subject to fines. Enter the requested information in column B. Rows that are bolded must be completed and should not be blank.

Table 1: Network Information Tab Detailed Instructions

Row	Row Title	Instructions
Row 6	Plan Name	Enter the medical plan entity name associated with the submitted provider file in column B.
Row 7	Network Name	Enter the medical network name associated with the submitted provider file in column B. The network name must match your SERFF filing.
Row 8	Network ID	Enter the network ID associated with your medical network SERFF filing (MNN#) in column B.
Row 9	Service Area	Enter the geographic region for which your medical plan 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 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.
Row 10	Is this a returning network?	Confirm if the medical network was offered in 2026. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 11	If returning network, did your service area change?	This question applies to returning medical networks only. If reported network is new, leave this question blank. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 12:	If your service area changed, what changed?	This question applies returning medical networks whose service area has changed. In column B confirm if counties were removed or added. Also include any changes to partial counties.

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Row	Row Title	Instructions
		If the reported network is new, or there was no change to a returning network, leave blank.
Row 13	Plan Type	Select medical plan from the drop-down list in column B.
Row 14	On-Exchange or Off-Exchange	Confirm whether the medical network is associated with an on-exchange plan offered through MNsure, or an off-exchange plan offered through your entity. Only individual market plans are on-exchange. In addition, the same network can be on and off-exchange. Select either on-exchange, off-exchange, or both using the drop-down list in column B.
Row 15	If On-Exchange, select type	For plans that are on-Exchange and Individual, select Qualified Health Plan (QHP) from the drop-down list in Column B.
Row 16	Individual Plan	Confirm if the medical network is offered for individual plans. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 17	Small Group Plan	Confirm if the medical network is offered for small groups plans. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 18	Large Group Plan	Confirm if the medical network is offered for large groups plans. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 19	ACO or Narrow	Confirm whether the medical network is an ACO (Accountable Care Organization) or narrow network. If the network is neither the answer is "Not Applicable. Select either ACO, narrow, or not applicable using the drop-down list in column B.
Row 20	Does this network offer pharmacy services?	Confirm whether the medical network offers pharmacy services. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 21	If yes, do you use a Pharmacy Benefit Manager (PBM)?	If row 20 answer is no, do not answer this question. Leave response in column B blank. If the medical network does offer pharmacy services, is it through a separate PBM? Allowed

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Row	Row Title	Instructions
		answers are yes or no. Please select answer using the drop-down list in column B.
Row 22	If yes, PBM Entity Name	If row 21 answer is no, do not answer this question. Leave response in column B blank. If the medical network offers pharmacy services through a PBM, report their name.
Row 23	If yes, PBM Network Name	If row 21 answer is no, do not answer this question. Leave response in column B blank. If the medical network offers pharmacy services through PBM, report the network name. If network name is not known list unknown.
Row 24	Provider File Contact Name	Enter the full name of person who MDH can contact if they have questions on data in the provider file.
Row 25	Provider File Contact Phone	Enter the telephone number of the person who MDH can contact if they have questions on data in the provider file.
Row 26	Provider File Contact Email	Enter the email of the person who MDH can contact if they have questions on data in the provider file.
Row 27	ECP Contact Name	Enter the full name of the person who MDH can contact if they have questions on the contracted ECP providers in the file.
Row 28	ECP Contact Phone	Enter the telephone number of the person who MDH can contact if they have questions on the contracted ECP providers in the file.
Row 29	ECP Contact Email	Enter the email of the person who MDH can contact if they have questions on the contracted ECP providers in the file.
Row 30	Agreement	Review agreement in row 30. If you, as the user, agree to the terms, type your name and date in column B.

Provider File Template Tab



Required for all networks. The Provider File Template tab contains a list of all network providers and facilities, including NPI, name, provider or facility type, ECP information, address, and

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practice information. After completing this tab, use the “Validate” button to correct errors (see page 21). Columns that are bolded must be completed for all rows and should not be blank.

Table 2: Provider File Template Tab Detailed Instructions

Column	Column Title	Instructions
Column A	NPI	Enter the individual or facility’s primary NPI. NPI must be exactly ten digits. NPI must match designated individual or facility code.
Column B	Secondary NPI	Use only when reporting ECP clinics. List data in this column only when there are additional NPIs on Minnesota’s master ECP list. Most ECP clinics on Minnesota’s list do not report multiple NPIs. Leave this column blank when reporting an individual provider. NPI must be exactly ten digits.
Column C	Individual Provider Last Name	Spell out the last name exactly as it’s listed under provider’s credentialing board. Do not abbreviate. Column is not case sensitive. Do not enter data into this column if reporting a facility in the same row.
Column D	Individual Provider First Name	Spell out the first name exactly as it is listed under provider’s credentialing board. Do not abbreviate. Column is not case sensitive. Do not enter data into this column if reporting a facility in the same row.
Column E	Individual Provider Middle Initial	Middle initial only. Do not write out the full name. List only one alphanumeric character. Do not list multiple characters or numbers. Column is not case sensitive. Do not enter data into this column if reporting a facility in the same row or the listed provider does not have a middle initial.
Column F	Facility Name	Spell out the facility name exactly as listed by contract. Do not abbreviate. Column is not case sensitive. Do not enter data into this column if reporting an individual provider in the same row.
Column G	Individual Provider Type	Using the drop-down list, enter the applicable dental provider type. A list of accepted provider types found in

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Column	Column Title	Instructions
		Appendix A. Do not enter data into this column if reporting an ECP in the same row.
Column H	Individual Provider Code	You do not need to enter information into this cell. Code will auto populate upon entering an individual provider type in column G. Please double check to make sure you are using the correct code as standards are evaluated from the codes.
Column I	Facility Type	Using the drop-down list, enter the applicable facility type. A list of accepted facility types can be found in Appendix A. Do not enter data into this column if reporting an individual provider in the same row.
Column J	Facility Code	You do not need to enter information into this cell. Code will auto populate upon entering a facility type in column F. Please doublecheck to make sure you are using the correct code as standards are evaluated from the codes.
Column K	Taxonomy	Select the most applicable taxonomy code using Appendix B from the drop-down list. Users cannot type their own code. If there is not an applicable taxonomy code, please select N/A from the drop-down list.
Column L	Services Children and Adolescents	The only answers allowed for this column are yes or no. Please select either option from the drop-down list. You cannot leave blank, write N/A, or null.
Column M	ECP Designation	Use this column to confirm ECP state or federal designation. If reporting a facility and they are not an ECP, select no. Users can choose ECP designation from the drop-down list. Allowed answers are: <ul style="list-style-type: none"> ▪ No – reported facility is not an ECP clinic ▪ State – ECP designation granted by MDH ▪ QHP—ECP designation granted by Federal authority. Designation included to allow medical plans to report federal family planning clinics. ▪ Both—ECP designation both state and federal.

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Column	Column Title	Instructions
		ECP designation does not apply to individual providers. When reporting individual providers, select no.
Column N	Chemical Dependency Services ECP	Is the ECP designated as a chemical dependency service by MDH? If the answer is yes, please put a “yes” in the column. If the answer is no, leave the cell blank. Do not put any other information in this column.
Column O	Family Planning ECP	Is the ECP designated as a family planning by MDH? If the answer is yes, please put a “yes” in the column. If the answer is no, leave the cell blank. Do not put any other information in this column.
Column R	Primary Care Services ECP	Is the ECP designated as a primary care service by MDH? If the answer is yes, please put a “yes” in the column. If the answer is no, leave the cell blank. Do not put any other information in this column.
Column S	Medical Services ECP	Is the ECP designated as a medical service by MDH? If the answer is yes, please put a “yes” in the column. If the answer is no, leave the cell blank. Do not put any other information in this column.
Column T	Dental Care ECP	Is the ECP designated as a dental care by MDH? If the answer is yes, please put a “yes” in the column. If the answer is no, leave the cell blank. Do not put any other information in this column.
Column U	Physical Rehab Services ECP	Is the ECP designated as a physical rehab service by MDH? If the answer is yes, please put a “yes” in the column. If the answer is no, leave the cell blank. Do not put any other information in this column.
Column V	Home Care Services ECP	Is the ECP designated as a home care service by MDH? If the answer is yes, please put a “yes” in the column. If the answer is no, leave the cell blank. Do not put any other information in this column.
Column W	Birth Centers ECP	Is the ECP designated as a birth center (ECP) by MDH? If the answer is yes, please put a “yes” in the column. If

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Column	Column Title	Instructions
		the answer is no, leave the cell blank. Do not put any other information in this column.
Column X	Psychiatric Residential Treatment (under 21) ECP	Does the ECP clinic offer psychiatric residential treatment for people under 21? If the answer is yes, please put a “yes” in the column. If the answer is no, leave the cell blank. Do not put any other information in this column. Please note, psychiatric residential treatment (under 21) is not the same as psychiatric residential treatment facilities designated by DHS, this is only for facilities that offer psychiatric residential treatment (under 21) that are ECPs.
Column Y	Offers Telehealth	The only answers allowed for this column are yes or no. Please select either option from the drop-down list. You cannot leave blank, write N/A, or null. This question applies to all data rows in the provider file.
Column Z	Street Address 1	Write street address only. Do not include apartment (Apt) or suite numbers. Fully write out the address. Do not abbreviate (example: Avenue instead of Ave). Column is not case sensitive.
Column AA	Street Address 2	For additional address information only. Please do not enter street addresses. Secondary address unit designator abbreviations like Apt, Ste, Rm are allowed and may be listed before the associated number.
Column AB	City	Fully spell out city. Do not abbreviate. Column is not case sensitive.
Column AC	County	Fully spell out county. Do not abbreviate. Users may select their answer using the drop-down list. Column is not case sensitive. Column will not allow information outside of drop-down list.
Column AD	State	Use state abbreviation from the drop-down list. Column will not allow information outside of drop-down list.

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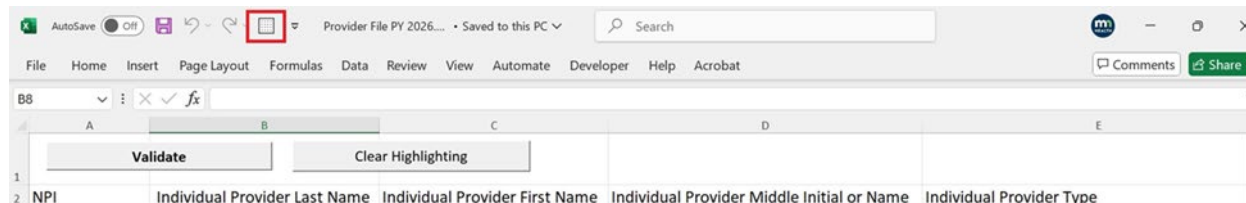
Column	Column Title	Instructions
Column AE	Zip	Use five-digit zip code. Do not include zip code extension.
Column AF	Accepting New Patients	Column use, accepting new patients. Answer required. If left blank or unknown, cell will return an error. Allowed answers, yes or no.
Column AG	Medical Group/Health System	For individual providers only. Do not use it for facility listings. Include the marketing name of the medical group/medical system for provider affiliation. Do not abbreviate. Column is not case sensitive.
Column AH	Hospital Admitting Privileges NPI	For individual providers only. Do not use it for facility listings. Enter the main NPI of the hospital(s) where the individual healthcare provider has admitting privileges. If entering multiple NPIs separate using a semicolon or comma. If an individual provider does not have hospital admitting privileges, do not enter data into this column.
Column AI	Provider Status	Column reviews if a provider or facility is currently practicing. Allowed answers are active or inactive only. No other answers allowed. Note, MDH will only use active listings to meet regulatory requirements.

Validation

The Provider File Template tab 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.

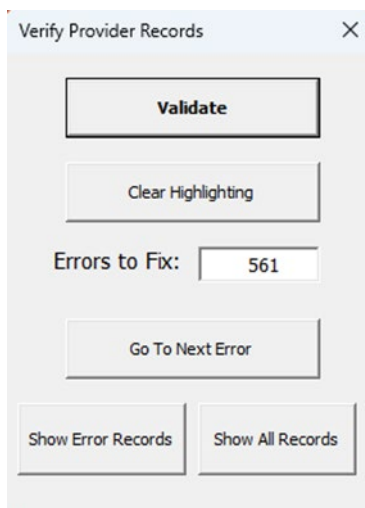
Button

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:

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Auto Coding

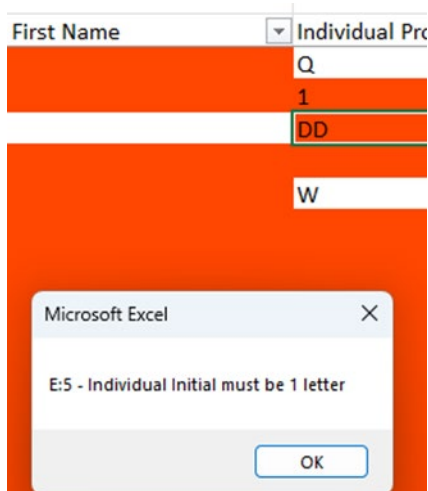
Individual Provider Code (Column H) and Facility Code (Column J) are set to auto code. When selecting either an Individual Provider Type (Column G) or Facility Type (Column I), codes will auto populate. For example, if the user selects emergency medicine for individual specialty type in column G, column H will auto populate to valid code, 037.

For additional questions on coding the individual provider and facility specialties, please reference Appendix A. Each row should have an individual provider type and code OR a facility type and code, not both. Excel will automatically enter the individual provider code OR facility code based on the category entered in the individual provider type or facility type columns.

Errors

When a validation error occurs the cell highlights in red to signify to the user that there is an issue with the entered date. 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.

Validation error example Individual Provider Middle Initial is 2 letters, can only be 1 letter:



Some common errors you may encounter:

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- NPI data, validation reviews for ten digits. If reporting a number other than ten digits, a validation error will occur (Column A).
- Secondary NPI data (Column B) should remain blank when reporting an ECP clinic who does not have multiple NPIs. Leaving this cell blank will not result in a validation error. An error will only occur if the secondary NPI number is not exactly ten digits.
- If yes to ECP designation (state/QHP/both) in column M, report at least one ECP provider type in columns N, O, P, Q, R, S, T, U, V, W and X. Report by answering a yes in one of these columns. If there is not a yes in one of the ECP column types, an error will occur.
- No validation error will result if QHP is selected and Family Planning ECP. This is the only ECP type allowed when indicating a facility is a QHP ECP. When QHP is selected for family planning, users must put a yes in Column O. If a user selects QHP they must also select family planning. If any other type is selected with QHP an error will occur.
- Street address 1-column Z will contain a red validation error if address is abbreviated. For example, entering Blvd instead of boulevard. In addition, a red validation error will also occur if information for street address 2 is entered into this column. An example of this error is entering apartment number into street address 1.
- County name in column AC now requires users to enter the full name. Users will select a county name from the drop-down list. If reporting an out-of-state provider, select “other” for out-of-state county. If information is selected outside of the drop-down list or if a code is entered, an error will occur.
- Hospital admitting privileges in column AH only allows ten-digit NPIs. If the numbers is less than or greater than ten, an error will occur. Report multiple NPI’s using a semicolon between the ten-digit numbers. An error will also occur if reporting information outside of numbers.

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.

- Individual Provider Type-Column G
- Facility Type-Column I
- Taxonomy-Column K
- Services Children and Adolescents-Column L
- ECP Designation-Column M
- Offers Telehealth-Column Y
- County-Column AC
- State-Column AD
- Accepting New Patients-Column AF

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- Provider Status-Column AI

Drop-down lists should continue through the entire provider file. In the event they disappear, copy the last row where the drop-down list exist 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. The only exception is taxonomy codes in Column K, where N/A is one of the drop-down options. Not all individual providers or facility types have taxonomy codes. Please refer to Appendix B.

Other notes:

- Reminder: each line must contain either an individual provider or a facility; columns are as follows:

Individual Provider	Facility
Columns C, D, E, G and H only	Columns F, I and J only

- Street Address 2-Column AA. We expect users to leave this column blank when there is no information for this cell.
- The provider file template allows up to 1,000,000 rows for data validation. If the user needs more than 1,000,000 rows of data, copy the last row of data down to the number of rows needed and delete data. The validation and macros will remain.
- If any additional errors with address validation occur, please connect with the network adequacy team via email: networkadequacy@state.mn.us.

Appointment Wait Times Tab

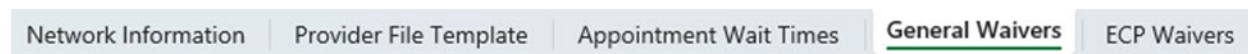


Instead of a separate appointment wait times survey, information on appointment wait times is included in the provider file. Medical plans must enter the number of enrollees that meet appointment wait times standards per network. These standards include 10 business days for behavioral, 15 days for routine and preventive primary care, and 30 days for specialty care.

Rows 5 – 11: Enter the total number of enrollees in plans that use the network in Minnesota as of April 1, 2026, and the number of enrollees with in-person as well as behavioral medical appointments within time frames listed above per row. Please estimate the number if you only have percentages available. Routine and preventive care does not include urgent care.

Rows 13 – 15: Specify the frequency of secret shopper surveys to evaluate wait times and whether the survey data entered is only specific to this network or across all networks. Finally, enter a description of other processes used to determine appropriate wait times if secret shopper surveys are not administered.

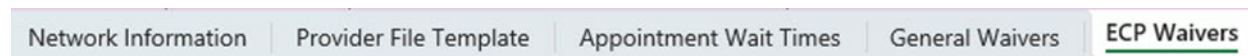
General Waivers Tab



All networks must achieve 0% gaps in their network. If they are unable to meet this requirement, they must apply to the Commissioner of Health for a waiver. Waivers must be renewed each year. After submitting waivers, MDH will conduct a review and determine if your network gaps match the gaps listed on the waivers for each network. A plan can apply for waivers by completing the following steps:

- Locate the “General Waivers” tab in the provider file.
- Select a provider type in Column D
- Select a county in Column E
- Select one of four reason codes in Column F
 - 1) No providers physically present
 - 2) Provider did not meet plan’s credentialing requirements
 - 3) After good faith attempt, provider refused contract,
 - 4) Network is an Accountable Care Organization (ACO) or Narrow Network
- Briefly explain in Column G, in 2-3 sentences, the reason for selecting the waiver option in the previous column.

ECP Waivers Tab



All medical plans are required to meet two different ECP requirements:

1. Medical networks must have one of every Minnesota designated ECP specialty types available in their network’s service area.
2. Achieve, at minimum, 35% of Minnesota designated ECPs that are available in the network’s service area.

For requirement #1

Any county where the ECP requirement cannot be met must have a waiver on file. If there is no ECP available in any given category, it is not necessary to apply for a waiver. Each row will contain one county and one specialty type. If you have multiple counties per specialty type, use multiple rows.

Please complete the following steps:

- Locate the “ECP Waivers” tab in the provider file.
- Select an ECP category in Column D
- There are 11 options: Chemical Dependency Services ECP, Family Planning ECP*, Indian Health Care Service Provider ECP**, Mental Health Services ECP, Primary Care Services ECP,

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Medical Services ECP, Dental Care ECP, Physical Rehab Services ECP, Home Care Services ECP, Birth Centers ECP, and Psychiatric Residential Treatment (under 21) ECP

- Select a Minnesota county in Column E
- Select a reason code in Column F
- Note, there are only two reason codes available. Plans must select from the following two options:
 - 1) provider does not meet carrier's data requirements, utilization review, and quality assurance requirements OR
 - 2) plan has made a good faith effort to contract with provider(s) that has not been successful
- Briefly explain, in 2-3 sentences, the reason for selecting option one or option two in column G.

***Health plans may use federally-designated family planning ECP clinics to meet at least one per network requirement. Health plans cannot use federally-designated clinics to meet the remaining ECP types or 35% requirement.**

****Health plans must contract with all Minnesota designated Indian Health Care Provider ECP clinics.**

For requirement # 2

When a medical plan cannot meet the 35% Minnesota designated ECPs per network service area they must apply for a waiver. The medical plan must include enough counties in the ECP waiver file to achieve 35%.

For example:

If the network's service area includes 100 Minnesota designated ECP clinics, the medical plan must have at least 35 ECP clinic locations in their provider file. If the network is only able to contract with 25 as shown in the provider file, then they must list at least 10 ECP clinics on the waiver form. If a medical plan has waivers for ECP type, they may also use these for the 35% requirement.

Each row will contain one county and one specialty type. If you have multiple counties per specialty type, use multiple rows.

Please complete the following steps:

- Locate the "ECP Waivers" tab in the provider file.
- Select an ECP category in Column D
 - There are 11 options: Chemical Dependency Services ECP, Family Planning ECP*, Indian Health Care Service Provider ECP, Mental Health Services ECP, Primary Care Services ECP, Medical Services ECP, Dental Care ECP, Physical Rehab Services ECP, Home Care Services ECP, Birth Centers ECP, and Psychiatric Residential Treatment (under 21) ECP
- Select a Minnesota county in Column E

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- Select a reason code in Column F
- Note, there are only two reason codes available. Plans must select from the following two options:
 - 1) provider does not meet carrier’s data requirements, utilization review, and quality assurance requirements OR
 - 2) plan has made a good faith effort to contract with provider(s) that has not been successful
- Briefly explain, in 2-3 sentences, the reason for selecting option one or option two in column G. Include the name of the ECP organizations available in your service area in your explanation.

***Health plans may use federally-designated family planning ECP clinics to meet at least 35% network requirement.**

Rental Agreement (if applicable)

Medical plans renting a network from another entity must submit a signed and valid contract (rental agreement) to MDH via the MCS Portal. If a medical plan 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.

Network Service Area Partial County Justification (if applicable)

All medical plans requesting a partial county coverage for a new or established service area must complete this form. One form per partial county request. If requesting more than one partial county, complete multiple forms. In addition to completing the Network Service Area Partial County Justification form medical plans are required to provide data that:

1. Substantiates that the partial county is non-discriminatory.
2. Identifies how the excluded and included portions of the service area are similar or different.
3. Information regarding why it is necessary to construct a service area less than the entirety of one or more counties.
4. Information regarding why it is in the best interest of potential enrollees to construct a service area less than the entirety of one or more counties.

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The medical plan may use published census data, economic data, and socioeconomic status data to document the assertion that the proposed service area is non-discriminatory.

Table 3: Network Service Area Partial County Justification Form Instructions

Field	Instructions
Plan Name	Enter the medical plan entity name associated with the submitted provider file.
Network Name	Enter the medical network name associated with the submitted provider file. The network name must match your SERFF filing.
Network ID	Enter the network ID associated with your SERFF filing (MNN#).
Date Completed	Enter the date the form was completed.
Service Area	Click to enter network’s service area including the county for which the partial county is requested. Separate out county names by commas. If network presently serves all Minnesota counties write statewide.
Current Partial Counties	Click to enter the names of any partial counties the network currently serves. If the network does not presently serve any partial counties write none.
County Name Requested for Partial Service Area	Click to enter the name of the county for which the plan is requesting partial service area.
Zip Codes for Excluded Portion of County	Click to enter zip codes in the area the plan is requesting partial county exclusion. Separate zip codes by comma.
Reason for Partial Service Area Removal	Briefly explain, in 2-3 sentences the reason for the partial service area removal.
Non-Discriminatory Attestation	Medical plan confirms with their signature and date that the data used is non-discriminatory, that the proposed partial service area best serves and is an interest to potential enrollees.
Signature and Date	By typing name and date in the signature box the medical plan confirms information is truthful, accurate, and that the typed name can be enforced in same way as handwritten signature.

Part 4: Dental Networks Submission Instructions

This section includes specific instructions for dental networks, including detailed information on submission requirements.

Network requirements for standalone dental plans (SADPs). Note, if you are regulating a medical network, please refer to page 11.

Regulated Dental Provider Category

While dental plans may include dental specialists as well as general dentistry, only general dentistry is assessed for access based on time and distance. Time and distance standards vary by county they are located in. Details on time and distance standards by county type can be found in Appendix C. MDH requests that standalone dental plans list dental specialists in the provider file if they are included in the network. For dental specialists coding see Appendix A and C.

Time and Distance

The only regulated time and distance standard is general dentistry. Standalone dental plans may use dental specialists, like oral surgeons, to meet the requirements if they offer general dentistry services. If using this approach, code the individual provider as a pediatric or adult dentist using the information found in Appendix A.

Instructions for Completing Network Adequacy Documents

The following documents must be submitted via the MCS Portal by Monday, June 15, 2026:

- Network Attestation
- Provider file workbook (includes network information, provider file template, waivers, and ECP waivers)

The following documents should only be submitted if they apply to your situation; they are also due via the MCS Portal by Monday, June 15, 2026:

- Network Rental Agreement
- Network Service Area Partial County Justification

Attestation

The network attestation covers requirements that cannot be easily evaluated from the provider file. Standalone dental plans must complete all required fields to accurately identify the network being submitted for review. The information provided must correspond to the network filing and supporting documentation submitted to MDH.

A complete dental attestation includes:

- All fields in the Health Plan and Network Information section are answered, including medical plan, network name, network ID, signee name, title, and date (completed form);

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- A response to each attestation question 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.

The Dental Network Adequacy Attestation will not be considered complete and therefore will not be reviewed until the network information section and all questions have been answered, and the form has been signed and dated by an authorized representative.

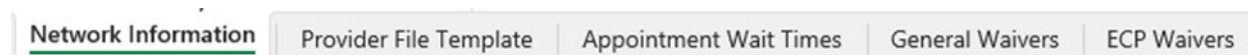
Provider File

The file is a complete listing of a plan’s individual dental providers that are regulated under MDH’s standards. MDH uses the data in the provider file 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 provider file has four tabs that need to be completed.

General Instructions

- Submit one provider file per network. The network name in the provider file must exactly match your SERFF filing.
- Enter one specialty type per Excel row. If a provider has more than one specialty type, please use multiple rows. For example, if Dr. Smith is both a general dentist and oral surgeon, Dr. Smith should appear in two separate rows, one under 205-Dental-General and one under 205-Dental-oral surgery.
- A taxonomy code serves to connect provider types to their respective measurement standard. An individual dental type may not have a taxonomy code. When there is no taxonomy code, please use the N/A option.
- The file must be returned as an Excel, Macros-enabled workbook with all four sheets. At a minimum, the Network Information Tab and the Provider File Template tab should be filled out for every network.
- Users may not need to enter information in each cell for each data row. Please review the column instructions and validation section to determine when data is needed and how this impacts validation.
- When users are completing their own mapping use current census and not enrollee data. The federal exchange updates census data yearly and information is found on their QHP Network Adequacy website. Please limit the PY2026 QHP Population Sample File to include only those within your network service area.

Network Information Tab



Required for all dental networks. If any information is left blank at submission the provider file is incomplete and subject to fines. Some rows are not required for dental networks and should be left blank; those rows are highlighted in gray. Enter the requested information in column B. Rows that are bolded must be completed and should not be blank.

Table 4: Network Information Tab Detailed Instructions

Row	Row Title	Instructions
Row 6	Plan Name	Enter the dental plan entity name associated with the submitted provider file in column B.
Row 7	Network Name	Enter the dental network name associated with the submitted provider file in column B. The network name must match your SERFF filing.
Row 8	Network ID	Enter the network ID associated with your dental network SERFF filing (MNN#) in column B.
Row 9	Service Area	Enter the geographic region for which your dental plan 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 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.
Row 10	Is this a returning network?	This question applies to returning standalone dental networks only. If reported network is new, leave this question blank. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 11	If returning network, did your service area change?	This question applies to returning standalone dental networks only. If reported network is new, leave this question blank. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 12:	If your service area changed, what changed?	This question applies returning standalone dental 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.
Row 13	Plan Type	Select standalone dental plan (SDAP) from the drop-down list in column B.

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Row	Row Title	Instructions
Row 14	On-Exchange or Off-Exchange	Confirm whether the standalone dental network is associated with an on-exchange plan, offered through MNsure or off-exchange plan, offered through your entity. Only individual plan types are on-exchange. In addition, the same network can be on and off-exchange. Select either on-exchange, off-exchange, or both using the drop-down list in column B.
Row 15	If On-Exchange, select type	Select Qualified Dental Plan (QDP) from the drop-down list in column B.
Row 16	Individual Plan	Confirm if the dental network is offered for individual plans. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 17	Small Group Plan	Confirm if the dental network is offered for small groups plans. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 18	Large Group Plan	Confirm if the dental network is offered for large groups plans. Allowed answers are yes or no. Please select answer using the drop-down list in column B.
Row 19	ACO or Narrow	This question does not apply to dental networks. Leave response blank in column B.
Row 20	Does this network offer pharmacy services?	This question does not apply to dental networks. Leave response blank in column B.
Row 21	If yes, do you use a Pharmacy Benefit Manager (PBM)?	This question does not apply to dental networks. Leave response blank in column B.
Row 22	If yes, PBM Entity Name	This question does not apply to dental networks. Leave response blank in column B.
Row 23	If yes, PBM Network Name	This question does not apply to dental networks. Leave response blank in column B.

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Row	Row Title	Instructions
Row 24	Provider File Contact Name	Enter the full name of person who MDH can contact if they have questions on data in the provider file.
Row 25	Provider File Contact Phone	Enter the telephone number of the person who MDH can contact if they have questions on data in the provider file.
Row 26	Provider File Contact Email	Enter the email of the person who MDH can contact if they have questions on data in the provider file.
Row 27	ECP Contact Name	Enter the full name of the person who MDH can contact if they have questions on the contracted ECP providers in the file.
Row 28	ECP Contact Phone	Enter the telephone number of the person who MDH can contact if they have questions on the contracted ECP providers in the file.
Row 29	ECP Contact Email	Enter the email of the person who MDH can contact if they have questions on the contracted ECP providers in the file.
Row 30	Agreement	Review agreement in row 30. If you, as the user, agree to the terms, type your name and date in column B.

Provider File Template Tab



Required for all networks. The Provider File Template tab contains a list of all network providers, including NPI, name, provider type, ECP information, address, and practice information. Some columns are not required for dental networks. Those columns are highlighted in gray. After completing this tab, use the “Validate” button to correct errors (see page 36). Columns that are bolded must be completed for all rows and should not be blank.

Table 5: Provider File Template Tab Detailed Instructions

Column	Column Title	Instructions
Column A	NPI	Enter the individual or facility’s primary NPI. NPI must be exactly ten digits. NPI must match designated individual or facility code.

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Column	Column Title	Instructions
Column B	Secondary NPI	Use only when reporting ECP clinics. List data in this column only when there are additional NPIs on Minnesota’s master ECP list. Most ECP clinics on Minnesota’s list do not report multiple NPIs. Leave this column blank when reporting an individual provider. Facility reporting beyond ECP clinics is not applicable to standalone dental plans. NPI must be exactly ten digits.
Column C	Individual Provider Last Name	Spell out the last name exactly as it’s listed under provider’s credentialing board. Do not abbreviate. Column is not case sensitive. Do not enter data into this column if reporting an ECP in the same row.
Column D	Individual Provider First Name	Spell out the first name exactly as it is listed under provider’s credentialing board. Do not abbreviate. Column is not case sensitive. Do not enter data into this column if reporting an ECP in the same row.
Column E	Individual Provider Middle Initial	Middle initial only. Do not write out the full name. List only one alphanumeric character. Do not list multiple characters or numbers. Column is not case sensitive. Do not enter data into this column if reporting an ECP in the same row or the listed provider does not have a middle initial.
Column F	Facility Name	For dental networks the only accepted facility data is ECPs. Spell out the facility name exactly as it’s written in MDH’s Essential Community Providers (ECP) list. Do not abbreviate. Column is not case sensitive. Do not enter data into this column if reporting an individual provider in the same row.
Column G	Individual Provider Type	Using the drop-down list, enter the applicable dental provider type. A list of accepted provider types found in Appendix A. Do not enter data into this column if reporting an ECP in the same row.
Column H	Individual Provider Code	You do not need to enter information into this cell. Code will auto populate upon entering an individual provider type in column G. Please double check to

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Column	Column Title	Instructions
		make sure you are using the correct code as standards are evaluated from the codes.
Column I	Facility Type	Using the drop-down list, select <i>Essential Community Provider</i> . Do not enter data into this column if reporting an individual provider in the same row.
Column J	Facility Code	You do not need to enter information into this cell. Code will auto populate <i>ECP</i> upon entering <i>Essential Community Provider</i> in column I.
Column K	Taxonomy	Select the most applicable taxonomy code using Appendix B from the drop-down list. Users cannot type their own code. If there is not an applicable taxonomy code, please select N/A from the drop-down list.
Column L	Services Children and Adolescents	The only answers allowed for this column are yes or no. Please select either option from the drop-down list. You cannot leave blank, write N/A, or null.
Column M	ECP Designation	Use this column to confirm ECP state designation. If reporting an individual dental provider select no. Users can choose ECP designation from the drop-down list. Allowed answers are: <ul style="list-style-type: none"> ▪ No – reported individual provider is not an ECP clinic ▪ State – ECP designation granted by MDH
Column N	Chemical Dependency Services ECP	Does not apply to dental networks. Leave this cell blank.
Column O	Family Planning ECP	Does not apply to dental networks. Leave this cell blank.
Column R	Primary Care Services ECP	Does not apply to dental networks. Leave this cell blank.

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Column	Column Title	Instructions
Column S	Medical Services ECP	Does not apply to dental networks. Leave this cell blank.
Column T	Dental Care ECP	Is the ECP designated as a dental care clinic by MDH? If the answer is yes, please put a “yes” in the column. If dental networks are reporting an ECP this cell should be filled out.
Column U	Physical Rehab Services ECP	Does not apply to dental networks. Leave this cell blank.
Column V	Home Care Services ECP	Does not apply to dental networks. Leave this cell blank.
Column W	Birth Centers ECP	Does not apply to dental networks. Leave this cell blank.
Column X	Psychiatric Residential Treatment (under 21) ECP	Does not apply to dental networks. Leave this cell blank.
Column Y	Offers Telehealth	The only answers allowed for this column are yes or no. Please select either option from the drop-down list. You cannot leave blank, write N/A, or null. This question applies to all data rows in the provider file.
Column Z	Street Address 1	Write street address only. Do not include apartment or suite numbers. Fully write out the address. Do not abbreviate (example: Avenue instead of Ave). Column is not case sensitive.
Column AA	Street Address 2	For additional address information only. Please do not enter put street addresses. Secondary address unit designators abbreviations like Apt, Ste, Rm are allowed and may be listed before the associated number.
Column AB	City	Fully spell out city. Do not abbreviate. Column is not case sensitive.

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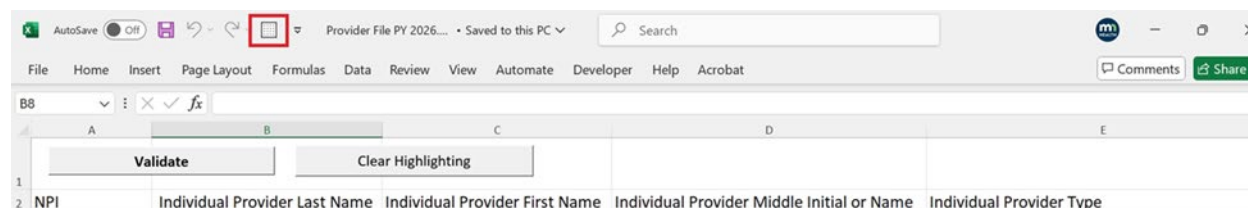
Column	Column Title	Instructions
Column AC	County	Fully spell out county. Do not abbreviate. Users may select their answer using the drop-down list. Column is not case sensitive. Column will not allow information outside of drop-down list.
Column AD	State	Use state abbreviation from the drop-down list. Column will not allow information outside of drop-down list.
Column AE	Zip	Use five-digit zip code. Do not include zip code extension.
Column AF	Accepting New Patients	Column use, accepting new patients. Answer required. If left blank or unknown, cell will return an error. Allowed answers, yes or no.
Column AG	Medical Group/Health System	Does not apply to dental networks. Leave this cell blank
Column AH	Hospital Admitting Privileges NPI	Does not apply to dental networks. Leave this cell blank
Column AI	Provider Status	Column reviews if a provider or facility is currently practicing. Allowed answers are active or inactive only. No other answers allowed. Note, MDH will only use active listings to meet regulatory requirements.

Validation

The Provider Template tab 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.

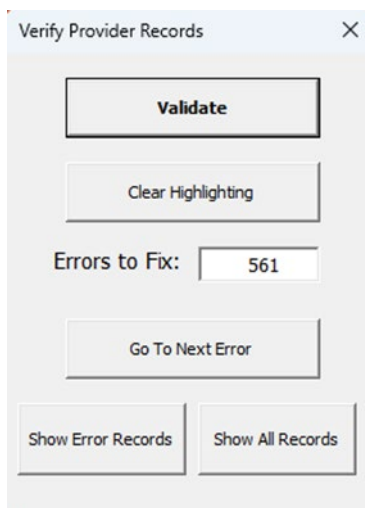
Button

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.”



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



Auto Coding

Individual Provider Code (Column H) and *Facility Code* (Column J) are set to auto code. When selecting either an *Individual Provider Type* (Column G) or *Facility Type* (Column I), codes will auto populate. For example, if the user selects Dental-General for individual specialty type in column G, column H will auto populate to valid code, 201.

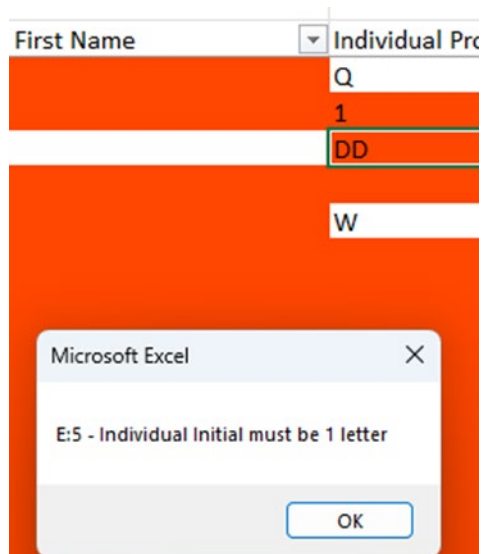
As a reminder, dental networks will only be using facility type (column I) for dental ECPs. For additional questions on coding the individual provider and facility specialties, please reference Appendix A. Each row should have an individual provider type and code OR a facility type and code, not both.

Errors

When a validation error occurs the cell highlights in red to signify to the user that there is an issue with the entered date. 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.

Validation error example Individual Provider Middle Initial is 2 letters, can only be 1 letter:

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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)
- Secondary NPI data (Column B) should remain blank when reporting an ECP clinic who does not have additional NPIs. Leaving cell blank will not result in a validation error. An error will only occur if the secondary NPI number is not exactly ten digits.
- If yes to *ECP Designation* (state/both) in column M, dental care ECP should be marked as “yes” in column T. If there is not a yes in this column, an error will occur.
- QHP ECP data in the provider file is for medical networks only. Standalone dental plans must contract with Minnesota designated (state) ECPs to meet the 35% requirement. Standalone dental plans cannot list QHP ECP data in their provider file. If listed, it will result in a validation error.
- *Street Address 1*-column Z will contain a red validation error if address is abbreviated. For example, entering Blvd instead of boulevard. In addition, a red validation error will also occur if information for street address 2 is entered into this column. An example of this error is entering apartment number into street address 1.
- County name in column AC now requires users to enter the full name. Users will select a county name from the drop-down list. If reporting an out-of-state provider, select “other” for out-of-state county. If information is selected outside of the drop-down list or if a code is entered, an error will occur.

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.

- Individual Provider Type-Column G
- Facility Type-Column I

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- Taxonomy-Column K
- Services Children and Adolescents-Column L
- ECP Designation-Column M
- Offers Telehealth-Column Y
- County-Column AC
- State-Column AD
- Accepting New Patients-Column AF
- Provider Status-Column AI

Drop-down lists should continue through the entire provider file. In the event they disappear, copy the last row where the drop-down list exist 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. The only exception is taxonomy codes in column K, where N/A is one of the drop-down options. Not all individual provider types or ECP clinics have a taxonomy code. Please refer to Appendix B.

Other notes:

- Reminder: each line must contain either an individual provider or an ECP clinic (facility); columns are as follows:

Individual Provider	Facility (Dental ECP only)
Columns C, D, E, G and H only	Columns F, I and J only

- *Street Address 2*-Column AA. We expect users to leave this column blank when there is no information for this cell.
- The provider file template allows up to 1,000,000 rows for data validation. If the user needs more than 1,000,000 rows of data, copy the last row of data down to the number of rows needed and delete data. The validation and macros will remain.
- If any additional errors with address validation occur, please connect with the network adequacy team via email: networkadequacy@state.mn.us.

Appointment Wait Times Tab

This survey is for medical networks only. Dental networks should leave this survey blank in their submitted provider file.

General Waivers Tab

Network Information | Provider File Template | Appointment Wait Times | **General Waivers** | ECP Waivers

All standalone dental networks must achieve a 0% gap in their network for general dentistry. If they are unable to meet this requirement, they must apply to the Commissioner of Health for a waiver. Waivers must be renewed each year. After submitting waivers, MDH will conduct a review and determine if our network gaps match the gaps listed on the waivers for each network. A plan can apply for waivers by completing the following steps:

- Locate the “General Waivers” tab in the provider file.
- Select “General Dentistry” as the provider type in Column D
- Select a county in Column E
- Select one of four reason codes in Column F
 - 1) no providers physically present
 - 2) provider did not meet plan’s credentialing requirements
 - 3) after good faith attempt, provider refused contract,
 - 4) Network is an Accountable Care Organization (ACO) or Narrow Network (does not apply to dental)
- Briefly explain in Column G, in 2-3 sentences, the reason for selecting option one, two, or three in the previous column. Option four is not applicable for standalone dental plans.

ECP Waivers Tab

All standalone dental plans are required to achieve, at minimum, 35% of Minnesota designated dental ECPs that are available in the network’s service area. Each row will contain one county and with one ECP dental type for one clinic. If you need multiple clinics to meet the standard, use multiple rows.

For example:

If the network’s service area includes 15 Minnesota designated ECP dental clinics, the standalone dental plan must have at least 5 ECP dental clinic locations in their provider file. If the network is only able to contract with 2 as shown in the provider file, then they must list at least 3 ECP dental clinics on the waiver form. One county and clinic per row.

Please complete the following steps:

- Locate the “ECP Waivers” tab in the provider file.
- Select an ECP category in Column D
- There is 1 option: ECP Dental Care
 - Select a Minnesota county in Column E
 - Select a reason code in Column F

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- Note, there are only two reason codes available. Plans must select from the following two options:
 - 1) provider does not meet carrier's data requirements, utilization review, and quality assurance requirements OR
 - 2) plan has made a good faith effort to contract with provider(s) that has not been successful
- Briefly explain, in 2-3 sentences, the reason for selecting option one or option two in the next column. Include the name of the ECP organizations available in your service area in your explanation.

Rental Agreement (if applicable)

Standalone dental plans renting a provider network from another entity must submit a signed and valid contract (rental agreement) to MDH via the MCS Portal. If the standalone dental plan feels that information in the rental agreement is trade secret, they must submit the complete rental agreement and a written request that explains:

- 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 document 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.

Network Service Area Partial County Justification (if applicable)

All standalone dental plans requesting a partial county coverage for a new or established service area must complete this form. One form per partial county request. If requesting more than one partial county, complete multiple forms. In addition to completing the Network Service Area Partial County Justification form standalone dental plans are required to provide data that:

1. Substantiates that the partial county is non-discriminatory.
2. Identifies how the excluded and included portions of the service area are similar or different.
3. Information regarding why it is necessary to construct a service area less than the entirety of one or more counties.
4. Information regarding why it is in the best interest of potential enrollees to construct a service area less than the entirety of one or more counties.

The standalone dental plan may use published census data, economic data, and socioeconomic status data to document the assertion that the proposed service area is non-discriminatory.

Table 6: Network Service Area Partial County Justification Form Instructions

Field	Instructions
Plan Name	Enter the dental plan entity name associated with the submitted provider file.
Network Name	Enter the dental network name associated with the submitted provider file. The network name must match your SERFF filing.
Network ID	Enter the network ID associated with your SERFF filing (MNN#).
Date Completed	Enter the date the form was completed.
Service Area	Click to enter network’s service area including the county for which the partial county is requested. Separate out county names by commas. If network presently serves all Minnesota counties write statewide.
Current Partial Counties	Click to enter the names of any partial counties the network currently serves. If the network does not presently serve any partial counties write none.
County Name Requested for Partial Service Area	Click to enter the name of the county for which the plan is requesting partial service area.
Zip Codes for Excluded Portion of County	Click to enter zip codes in the area the plan is requesting partial county exclusion. Separate zip codes by comma.
Reason for Partial Service Area Removal	Briefly explain, in 2-3 sentences the reason for the partial service area removal.
Non-Discriminatory Attestation	Dental plan confirms with their signature and date that the data used is non-discriminatory, that the proposed partial service area best serves and is an interest to potential enrollees.
Signature and Date	By typing name and date in signature box dental plan confirms information is truthful, accurate, and typed name can be enforced in same way as handwritten signature.

Part 5: Submission Accounts

SERFF

First submit forms through [SERFF \(System for Electronic Rates and Form Filings\)](#). To understand which forms users must submit through SERFF review the Annual Instructions Guide (AIG). Each SERFF filing generates a unique network ID (MNN#). Use this network ID for every filing submitted to MDH. To locate these IDs in SERFF, go to the Network Template tab.

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 the annual submission due date, which is Monday, June 1, 2026. MDH expects that all users will review where to submit documents in the portal prior to the due date. If networks need to be added or removed, contact MDH via their email, networkadequacy@state.mn.us by **Monday, May 18, 2026**. Additional information can be found in the [MCS Portal User Guide](#) and the frequently asked questions section in the [MCS Portal webpage](#). Issuers submitting new networks during a non-renewal period may also contact MDH at networkadequacy@state.mn.us.

Accepted documents for annual submission through the portal are the attestation, provider file (including network information, provider file template, appointment wait times, general waivers, and ECP waivers), rental agreement (if applicable), and partial county justification (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.

Appendices

Appendix A – Provider and Facility Codes

Below are the individual specialty and facility specialty codes for the provider file. Submit providers or facilities with multiple specialties as separate rows within the provider file. For questions on how to map specific providers, refer to the taxonomy code section in the Appendix B.

Table A1: Individual Specialty Provider Codes

Provider Code	Provider Type
001	General Practice
002	Family Medicine
003	Internal Medicine
004	Geriatrics
005	Primary Care - Physician Assistant
006	Primary Care - Advanced Registered Nurse Practitioner
007	Allergy and Immunology
008	Cardiology
010	Chiropractor
011	Dermatology
012	Endocrinology
013	ENT/Otolaryngology
014	Gastroenterology
015	General Surgery
016	Gynecology (OB/GYN)
017	Infectious Diseases
018	Nephrology

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Provider Code	Provider Type
019	Neurology
020	Neurosurgery
021	Oncology - Medical & Surgical
022	Oncology - Radiation
023	Ophthalmology
025	Orthopedic Surgery
026	Physical Medicine Rehabilitation, and Occupational Medicine
027	Plastic Surgery
028	Podiatry
029	Psychiatry
030	Pulmonology
031	Rheumatology
033	Urology
034	Vascular Surgery
035	Cardiothoracic Surgery
037	Emergency Medicine
049	Physical Therapy
050	Occupational Therapy
051	Speech Therapy
08	Genetics
41	Anesthesiology Physicians and Certified Registered Nurse Anesthetists
50	Colon and Rectal
101	Primary Care - Pediatric

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Provider Code	Provider Type
102	Social Worker
103	Psychologist
105	Marriage and Family Therapist
106	Addiction (Substance Use Disorder) Counselor
107	Counselor (Mental Health and Professional)
108	Behavioral Health – Advanced Practice Registered Nurse
109	Psychiatric Pharmacist
201	Dental - General
202	Dental - Orthodontist
203	Dental - Periodontist
204	Dental - Endodontist
205	Dental - Oral Surgeon
206	Dental - Prosthodontist
800	Addiction Medicine Physician
801	Behavioral Analyst
P201	Pediatric Dental
AP	Acupuncture
LA	Lactation Counselor
PE	Pediatric - Specialty Care
PE41	Pediatric - Anesthesiology Physician
PE007	Pediatric - Allergy/Immunology
PE008	Pediatric - Cardiology
PE037	Pediatric - Emergency Medicine Physician

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Provider Code	Provider Type
PE012	Pediatric - Endocrinology
PE014	Pediatric - Gastroenterology
PE021	Pediatric - Hematology/Oncology
PE017	Pediatric - Infection Disease
PE018	Pediatric - Nephrology
PE025	Pediatric - Orthopedic Surgery Physician
PE013	Pediatric - Otolaryngology Physician
PE030	Pediatric - Pulmonology
PE015	Pediatric - Surgery
PE019	Pediatric - Neurodevelopmental Disabilities
PE011	Pediatric - Dermatology
PE023	Pediatric - Ophthalmology and Strabismus Specialist
PE033	Pediatric - Urology
PE031	Pediatric - Rheumatology Physician

Table A2: Facility Type Codes

Facility Code	Facility Type
040	Acute Inpatient Hospitals (Must have Emergency services available 24/7)
041	Cardiac Surgery Program
042	Cardiac Catheterization Services
043	Critical Care Services - Intensive Care Units (ICU)
045	Surgical Services (Ambulatory Surgical Centers and Outpatient Hospital)
046	Skilled Nursing Facilities
047	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory medical facilities with Dx Radiology)
048	Mammography
052	Inpatient Psychiatry (Free-standing inpatient behavioral medical facility and behavioral medical beds within an Acute Care Hospital)
057	Outpatient Infusion/Chemotherapy
072	Substance Use Disorder Rehabilitation Facility (Hospital unit and residential treatment facility)
076	Mental Health Residential Treatment Facility (Mental Illness; Psychiatric)
080	Urgent Care
60	Home Healthcare Agency
CD2F	Substance Use Disorder (Outpatient)
P072	Children's Substance Use Disorder Rehabilitation Facility
P076	Children's Residential Treatment Facility (Mental Illness; Psychiatric)
BC	Birth Center
PH	Pediatric Specialty Hospital
PR	Psychiatric Residential Treatment Facility (DHS PRTF)

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Facility Code	Facility Type
RT	Residential Treatment Facility
TC	Organ Transplant Center
ECP	Essential Community Provider

Appendix B – Taxonomy Codes

Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	171100000X	Acupuncture	AP	Acupuncture/ Acupuncturist	Acupuncture	Acupuncturist
Individual	207K00000X	Allergy and Immunology	007	Allergy and Immunology	Allergy and Immunology	Allergy & Immunology Physician
Individual	207KA0200X	Allergy and Immunology	007	Allergy and Immunology	Allergy and Immunology	Allergy Physician
Individual	207KI0005X	Allergy and Immunology	007	Allergy and Immunology	Allergy and Immunology	Clinical & Laboratory Immunology (Allergy & Immunology) Physician
Individual	207RA0201X	Allergy and Immunology	007	Allergy and Immunology	Allergy and Immunology	Allergy & Immunology (Internal Medicine) Physician
Individual	207RI0001X	Allergy and Immunology	007	Allergy and Immunology	Allergy and Immunology	Clinical & Laboratory Immunology (Internal Medicine) Physician
Individual	2080P0201X	Allergy and Immunology	007	Allergy and Immunology	Allergy and Immunology	Pediatric Allergy/Immunology Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207L00000X	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	41	Anesthesiology Physicians (MD/DO)	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	Anesthesiology Physicians
Individual	367500000X	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	41	Certified Registered Nurse Anesthetists	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	Certified Registered Nurse Anesthetists (CRNAs)
Individual	207LP3000X	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	41	Anesthesiology Physicians (MD/DO)	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	Pediatric Anesthesiology Physician
Individual	367H00000X	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	41	Anesthesiologist Assistant	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	Anesthesiologist Assistant
Individual	207LC0200X	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	41	Anesthesiology Physicians (MD/DO)	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	Critical Care Medicine (Anesthesiology) Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207LP2900X	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	41	Pain Medicine Physician	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	Pain Medicine (Anesthesiology) Physician
Individual	207LH0002X	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	41	Palliative Medicine Physician	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	Hospice and Palliative Medicine (Anesthesiology) Physician
Individual	207RA0001X	Cardiology	008	Cardiology	Cardiology	Advanced Heart Failure and Transplant Cardiology Physician
Individual	207RA0002X	Cardiology	008	Cardiology	Cardiology	Adult Congenital Heart Disease Physician
Individual	207RC0000X	Cardiology	008	Cardiology	Cardiology	Cardiovascular Disease Physician
Individual	207RI0011X	Cardiology	008	Cardiology	Cardiology	Interventional Cardiology Physician
Individual	2080P0202X	Cardiology	008	Cardiology	Cardiology	Pediatric Cardiology Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	208G00000X	Cardiothoracic Surgery	035	Cardiothoracic Surgery	Cardiothoracic Surgery	Thoracic Surgery (Cardiothoracic Vascular Surgery) Physician
Individual	111N00000X	Chiropractor	010	Chiropractor	Chiropractor	Chiropractor
Individual	111NI0900X	Chiropractor	010	Chiropractor	Chiropractor	Internist Chiropractor
Individual	111NN0400X	Chiropractor	010	Chiropractor	Chiropractor	Neurology Chiropractor
Individual	111NN1001X	Chiropractor	010	Chiropractor	Chiropractor	Nutrition Chiropractor
Individual	111NP0017X	Chiropractor	010	Chiropractor	Chiropractor	Pediatric Chiropractor
Individual	111NR0200X	Chiropractor	010	Chiropractor	Chiropractor	Radiology Chiropractor
Individual	111NR0400X	Chiropractor	010	Chiropractor	Chiropractor	Rehabilitation Chiropractor
Individual	111NS0005X	Chiropractor	010	Chiropractor	Chiropractor	Sports Physician Chiropractor
Individual	111NT0100X	Chiropractor	010	Chiropractor	Chiropractor	Thermography Chiropractor
Individual	111NX0100X	Chiropractor	010	Chiropractor	Chiropractor	Occupational Health Chiropractor

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	111NX0800X	Chiropractor	010	Chiropractor	Chiropractor	Orthopedic Chiropractor
Individual	208C00000X	Colon & Rectal	50	Colon & Rectal Surgery Physician	Colon & Rectal	Colon & Rectal Surgery Physician
Individual	1223E0200X	Dental Providers - Pediatric	204	Dental - Endodontist	Dental Providers - Pediatric	Endodontist
Individual	122300000X	Dental Providers - Pediatric	201	Dental - General	Dental Providers - Pediatric	Dentist- General Practice Dentistry
Individual	1223G0001X	Dental Providers - Pediatric	201	Dental - General	Dental Providers - Pediatric	General Practice -All age
Individual	1223X0400X	Dental Providers - Pediatric	202	Dental - Orthodontist	Dental Providers - Pediatric	Orthodontics and Dentofacial Orthopedic Dentist
Individual	1223P0221X	Dental Providers - Pediatric	P201	Dental - Pediatric Dental	Dental Providers - Pediatric	Pediatric Dentist
Individual	1223P0300X	Dental Providers - Pediatric	203	Dental - Periodontist	Dental Providers - Pediatric	Periodontist

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	1223P0700X	Dental Providers - Pediatric	206	Dental - Prosthodontist	Dental Providers - Pediatric	Prosthodontist
Individual	207N00000X	Dermatology	011	Dermatology	Dermatology	Dermatology Physician
Individual	207ND0101X	Dermatology	011	Dermatology	Dermatology	MOHS-Micrographic Surgery Physician
Individual	207ND0900X	Dermatology	011	Dermatology	Dermatology	Dermatopathology Physician
Individual	207NI0002X	Dermatology	011	Dermatology	Dermatology	Clinical & Laboratory Dermatological Immunology Physician
Individual	207NP0225X	Dermatology	011	Dermatology	Dermatology	Pediatric Dermatology Physician
Individual	207NS0135X	Dermatology	011	Dermatology	Dermatology	Procedural Dermatology Physician
Individual	207P00000X	Emergency Medicine	037	Emergency Medicine	Emergency Medicine	Emergency Medicine Physician
Individual	207PE0005X	Emergency Medicine	037	Emergency Medicine	Emergency Medicine	Undersea and Hyperbaric Medicine (Emergency

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
						Medicine) Physician
Individual	207PH0002X	Emergency Medicine	037	Emergency Medicine	Emergency Medicine	Hospice and Palliative Medicine (Emergency Medicine) Physician
Individual	207PP0204X	Emergency Medicine	037	Emergency Medicine	Emergency Medicine	Pediatric Emergency Medicine (Emergency Medicine) Physician
Individual	207PS0010X	Emergency Medicine	037	Emergency Medicine	Emergency Medicine	Sports Medicine (Emergency Medicine) Physician
Individual	207PT0002X	Emergency Medicine	037	Emergency Medicine	Emergency Medicine	Medical Toxicology (Emergency Medicine) Physician
Individual	2080P0204X	Emergency Medicine	037	Emergency Medicine	Emergency Medicine	Pediatric Emergency Medicine (Pediatrics) Physician
Individual	207RE0101X	Endocrinology	012	Endocrinology	Endocrinology	Endocrinology, Diabetes &

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
						Metabolism Physician
Individual	163WD0400X	Endocrinology	012	Endocrinology	Endocrinology	Diabetes Educator Registered Nurse
Individual	2080P0205X	Endocrinology	012	Endocrinology	Endocrinology	Pediatric Endocrinology Physician
Individual	231H00000X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Audiologist
Individual	207Y00000X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Otolaryngology Physician
Individual	207YP0228X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Pediatric Otolaryngology Physician
Individual	207YS0012X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Sleep Medicine (Otolaryngology) Physician
Individual	207YS0123X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Facial Plastic Surgery Physician
Individual	207YX0007X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Plastic Surgery within the Head & Neck (Otolaryngology) Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207YX0602X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Otolaryngic Allergy Physician
Individual	207YX0901X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Otology & Neurotology Physician
Individual	207YX0905X	ENT/Otolaryngology	013	ENT/Otolaryngology	ENT/Otolaryngology	Otolaryngology/Facial Plastic Surgery Physician
Individual	170100000X	Genetics	08	Medical Genetics	Genetics	Medical Genetics, PH.D. Medical Genetics
Individual	207ZP0007X	Genetics	08	Pathology Physician	Genetics	Molecular Genetic Pathology (Pathology) Physician
Individual	207SC0300X	Genetics	08	Cytogenetics Physician	Genetics	Clinical Cytogenetics Physician
Individual	207SG0201X	Genetics	08	Clinical Genetics Physician	Genetics	Clinical Genetics (M.D) Physician
Individual	207SG0202X	Genetics	08	Clinical Biochemical Genetics	Genetics	Medical Genetics Clinical

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
						Biochemical Genetics
Individual	207SG0203X	Genetics	08	Clinical Molecular Genetics	Genetics	Clinical Molecular Genetics Physician
Individual	207SM0001X	Genetics	08	Molecular Genetic Pathology	Genetics	Molecular Genetics Pathology (Medical Genetics) Physician
Individual	207SG0205X	Genetics	08	PH.D. Medical Genetics Physician	Genetics	Ph.D. Medical Genetics Physician
Individual	207SG0207X	Genetics	08	Biochemical Genetics	Genetics	Medical Biochemical Genetics
Individual	170300000X	Genetics	08	Genetic Counselor	Genetics	Genetic Counselor (M.S.)
Individual	207RG0100X	Gastroenterology	014	Gastroenterology	Gastroenterology	Gastroenterology Physician
Individual	2080P0206X	Gastroenterology	014	Gastroenterology	Gastroenterology	Pediatric Gastroenterology Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	204F00000X	General Surgery	015	General Surgery	General Surgery	Transplant Surgery Physician
Individual	208600000X	General Surgery	015	General Surgery	General Surgery	Surgery Physician
Individual	2086H0002X	General Surgery	015	General Surgery	General Surgery	Hospice and Palliative Medicine (Surgery) Physician
Individual	2086S0102X	General Surgery	015	General Surgery	General Surgery	Surgical Critical Care Physician
Individual	2086S0120X	General Surgery	015	General Surgery	General Surgery	Pediatric Surgery Physician
Individual	2086S0127X	General Surgery	015	General Surgery	General Surgery	Trauma Surgery Physician
Individual	207V00000X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Obstetrics & Gynecology Physician
Individual	207VB0002X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Obesity Medicine (Obstetrics & Gynecology) Physician
Individual	207VC0200X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Critical Care Medicine

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
						(Obstetrics & Gynecology) Physician
Individual	207VE0102X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Reproductive Endocrinology Physician
Individual	207VF0040X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Female Pelvic Medicine and Reconstructive Surgery (Obstetrics & Gynecology) Physician
Individual	207VG0400X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Gynecology Physician
Individual	207VH0002X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Hospice and Palliative Medicine (Obstetrics & Gynecology) Physician
Individual	207VM0101X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Maternal & Fetal Medicine Physician
Individual	207VX0000X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Obstetrics Physician
Individual	207VX0201X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Gynecologic Oncology Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	367A00000X	Gynecology, OB/GYN	016	Gynecology, OB/GYN	Gynecology, OB/GYN	Advance Practice Midwife
Individual	207RI0200X	Infectious Diseases	017	Infectious Diseases	Infectious Diseases	Infectious Disease Physician
Individual	2080P0208X	Infectious Diseases	017	Infectious Diseases	Infectious Diseases	Pediatric Infectious Diseases Physician
Individual	163WL0100X	Lactation Counselors	LA	Lactation Consultant, Registered Nurse	Lactation Counselors	Registered Nurse Lactation Consultant
Individual	174N00000X	Lactation Counselors	LA	Lactation Consultant	Lactation Counselors	Lactation Consultant, Non-RN
Individual	176B00000X	Lactation Counselors	LA	Midwife	Lactation Counselors	Midwife
Individual	104100000X	Mental Health Providers (outpatient therapy)	102	Social Worker	Mental Health Providers (outpatient therapy)	Social Worker
Individual	1041C0700X	Mental Health Providers (outpatient therapy)	102	Licensed Clinical Social Workers (LCSW)	Mental Health Providers (outpatient therapy)	Clinical Social Worker

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	1041S0200X	Mental Health Providers (outpatient therapy)	102	Social Worker	Mental Health Providers (outpatient therapy)	School Social Worker
Individual	103T00000X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Psychologist
Individual	103TA0700X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Adult Development & Aging Psychologist
Individual	103TB0200X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Cognitive & Behavioral Psychologist
Individual	103TC0700X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Clinical Psychologist
Individual	103TC1900X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Counseling Psychologist

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	103TC2200X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Clinical Child & Adolescent Psychologist
Individual	103TE1100X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Exercise & Sports Psychologist
Individual	103TF0000X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Family Psychologist
Individual	103TF0200X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Forensic Psychologist
Individual	103TH0004X	Mental Health Providers (outpatient therapy)	103	Health Psychologist	Mental Health Providers (outpatient therapy)	Health Psychologist
Individual	103TH0100X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Health Service Psychologist

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	103TM1800X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Intellectual & Developmental Disabilities Psychologist
Individual	103TP0814X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Psychoanalysis Psychologist
Individual	103TP2701X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Group Psychotherapy Psychologist
Individual	103TR0400X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Rehabilitation Psychologist
Individual	103TS0200X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	School Psychologist
Individual	103TP0016X	Mental Health Providers (outpatient therapy)	103	Psychologist	Mental Health Providers (outpatient therapy)	Prescribing (Medical) Psychologist
Individual	103TA0400X	Mental Health	103	Psychologist	Mental Health	Addiction (Substance

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
		Providers (outpatient therapy)			Providers (outpatient therapy)	Use Disorder) Psychologist
Individual	106H00000X	Mental Health Providers (outpatient therapy)	105	Marriage and Family Therapist	Mental Health Providers (outpatient therapy)	Marriage & Family Therapist (LMFT)
Individual	101YA0400X	Mental Health Providers (outpatient therapy)	106	Substance Abuse Counselor	Mental Health Providers (outpatient therapy)	Addiction (Substance Use Disorder) Counselor
Individual	101Y00000X	Mental Health Providers (outpatient therapy)	107	Counselor (Mental Health Professional)	Mental Health Providers (outpatient therapy)	Counselor (Mental Health Professional)
Individual	101YM0800X	Mental Health Providers (outpatient therapy)	107	Mental Health Counselor	Mental Health Providers (outpatient therapy)	Mental Health Counselor
Individual	101YP2500X	Mental Health Providers (outpatient therapy)	107	Counselor (Mental Health and Professional)	Mental Health Providers (outpatient therapy)	License Professional Counselor (LPC, LMHC)
Individual	103K00000X	Mental Health Providers	801	Behavioral Analyst	Mental Health Providers	Behavioral Analyst

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
		(outpatient therapy)			(outpatient therapy)	
Individual	2084A0401X	Mental Health Providers-Prescribers	029	Psychiatry	Mental Health Providers-Prescribers	Addiction Medicine (Psychiatry & Neurology) Physician
Individual	2084P0015X	Mental Health Providers-Prescribers	029	Psychiatry	Mental Health Providers-Prescribers	Psychosomatic Medicine Physician
Individual	2084P0800X	Mental Health Providers-Prescribers	029	Psychiatry	Mental Health Providers-Prescribers	Psychiatry Physician (MD/DO)
Individual	2084P0802X	Mental Health Providers-Prescribers	029	Psychiatry	Mental Health Providers-Prescribers	Addiction Psychiatry Physician
Individual	2084P0804X	Mental Health Providers-Prescribers	029	Psychiatry	Mental Health Providers-Prescribers	Child & Adolescent Psychiatry
Individual	363LP0808X	Mental Health Providers-Prescribers	108	Behavioral Health - Mental Health Nurse	Mental Health Providers-Prescribers	Nurse Practitioner Psychiatric Mental Health
Individual	364SP0808X	Mental Health	108	Behavioral Health -	Mental Health	Psychiatric/Mental Health

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
		Providers-Prescribers		Mental Health Nurse	Providers-Prescribers	Clinical Nurse Specialist
Individual	1835P1300X	Mental Health Providers-Prescribers	109	Psychiatric Pharmacist	Mental Health Providers-Prescribers	Pharmacists Psychiatric
Individual	207LA0401X	Mental Health Providers-Prescribers	800	Addiction Medicine Physician	Mental Health Providers-Prescribers	Addiction Medicine (Anesthesiology) Physician
Individual	207QA0401X	Mental Health Providers-Prescribers	800	Addiction Medicine Physician	Mental Health Providers-Prescribers	Addiction Medicine (Family Medicine) Physician
Individual	207RA0401X	Mental Health Providers-Prescribers	800	Addiction Medicine Physician	Mental Health Providers-Prescribers	Addiction Medicine (Internal Medicine) Physician
Individual	2083A0300X	Mental Health Providers-Prescribers	800	Addiction Medicine Physician	Mental Health Providers-Prescribers	Addiction Medicine (Preventive Medicine) Physician
Individual	207RN0300X	Nephrology	018	Nephrology	Nephrology	Nephrology Physician
Individual	2080P0210X	Nephrology	018	Nephrology	Nephrology	Pediatric Nephrology Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	2084A2900X	Neurology	019	Neurology	Neurology	Neurocritical Care Physician
Individual	2084B0040X	Neurology	019	Neurology	Neurology	Behavioral Neurology & Neuropsychiatry Physician
Individual	2084N0008X	Neurology	019	Neurology	Neurology	Neuromuscular Medicine (Psychiatry & Neurology) Physician
Individual	2084N0400X	Neurology	019	Neurology	Neurology	Neurology Physician
Individual	2084N0402X	Neurology	019	Neurology	Neurology	Neurology with Special Qualifications in Child Neurology Physician
Individual	2084P0005X	Neurology	019	Neurology	Neurology	Neuro Developmental Disabilities Physician
Individual	2084P0301X	Neurology	019	Neurology	Neurology	Brain Injury Medicine (Psychiatry & Neurology) Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	2084V0102X	Neurology	019	Neurology	Neurology	Vascular Neurology Physician
Individual	207T00000X	Neurosurgery	020	Neurological Surgery	Neurological Surgery	Neurological Surgery Physician
Individual	225X00000X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Occupational Therapist
Individual	225XE0001X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Environmental Modification Occupational Therapist
Individual	225XE1200X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Ergonomics Occupational Therapist
Individual	225XF0002X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Feeding, Eating & Swallowing Occupational Therapist
Individual	225XG0600X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Gerontology Occupational Therapist
Individual	225XH1200X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Hand Occupational Therapist
Individual	225XH1300X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Low Vision Occupational Therapist

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	225XL0004X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Neurohabilitation Occupational Therapist
Individual	225XM0800X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Physical Rehabilitation Occupational Therapist
Individual	225XN1300X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Physical Rehabilitation Occupational Therapist
Individual	225XP0019X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Pediatric Rehabilitation Occupational Therapist
Individual	225XP0200X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Pediatric Occupational Therapist
Individual	225XR0403X	Occupational Therapy	050	Occupational Therapy	Occupational Therapy	Driving and Community Mobility Occupational Therapist
Individual	207RH0003X	Oncology - Medical, Surgical	021	Oncology - Medical, Surgical	Oncology - Medical, Surgical	Hematology & Oncology Physician
Individual	207RX0202X	Oncology - Medical, Surgical	021	Oncology - Medical, Surgical	Oncology - Medical, Surgical	Medical Oncology Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207VX0201X	Oncology - Medical, Surgical	021	Oncology - Medical, Surgical	Oncology - Medical, Surgical	Gynecologic Oncology Physician
Individual	2080P0207X	Oncology - Medical, Surgical	021	Oncology - Medical, Surgical	Oncology - Medical, Surgical	Pediatric Hematology & Oncology Physician
Individual	2086X0206X	Oncology - Medical, Surgical	021	Oncology - Medical, Surgical	Oncology - Medical, Surgical	Surgical Oncology Physician
Individual	2085R0001X	Oncology - Radiation	022	Oncology - Radiation	Oncology - Radiation	Radiation Oncology Physician
Individual	207W00000X	Ophthalmology	023	Ophthalmology	Ophthalmology	Ophthalmology Physician
Individual	207WX0009X	Ophthalmology	023	Ophthalmology	Ophthalmology	Glaucoma Specialist (Ophthalmology) Physician
Individual	207WX0107X	Ophthalmology	023	Ophthalmology	Ophthalmology	Retina Specialist (Ophthalmology) Physician
Individual	207WX0108X	Ophthalmology	023	Ophthalmology	Ophthalmology	Uveitis and Ocular Inflammatory Disease (Ophthalmology) Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207WX0109 X	Ophthalmology	023	Ophthalmology	Ophthalmology	Neuro-ophthalmology Physician
Individual	207WX0110 X	Ophthalmology	023	Ophthalmology	Ophthalmology	Pediatric Ophthalmology and Strabismus Specialist Physician
Individual	207WX0120 X	Ophthalmology	023	Ophthalmology	Ophthalmology	Cornea and External Diseases Specialist Physician
Individual	207WX0200 X	Ophthalmology	023	Ophthalmology	Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery Physician
Individual	207X00000X	Orthopedic Surgery	025	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery Physician
Individual	207XP3100X	Orthopedic Surgery	025	Orthopedic Surgery	Orthopedic Surgery	Pediatric Orthopedic Surgery Physician
Individual	207XS0106X	Orthopedic Surgery	025	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Hand Surgery Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207XS0114X	Orthopedic Surgery	025	Orthopedic Surgery	Orthopedic Surgery	Adult Reconstructive Orthopedic Surgery Physician
Individual	207XS0117X	Orthopedic Surgery	025	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Surgery of the Spine Physician
Individual	207XX0004X	Orthopedic Surgery	025	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Foot and Ankle Surgery Physician
Individual	207XX0005X	Orthopedic Surgery	025	Orthopedic Surgery	Orthopedic Surgery	Sports Medicine (Orthopedic Surgery) Physician
Individual	207XX0801X	Orthopedic Surgery	025	Orthopedic Surgery	Orthopedic Surgery	Orthopedic Trauma Physician
Individual	208100000X	Physical Medicine, Rehabilitation , and Occupational Medicine	026	Physical Medicine & Rehabilitation Physician	Physical Medicine, Rehabilitation , and Occupational Medicine	Physical Medicine & Rehabilitation Physician
Individual	2081H0002X	Physical Medicine, Rehabilitation , and	026	Hospice and Palliative Medicine (Physical Medicine &	Physical Medicine, Rehabilitation , and	Hospice and Palliative Medicine (Physical Medicine &

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
		Occupational Medicine		Rehabilitation) Physician	Occupational Medicine	Rehabilitation) Physician
Individual	2081N0008X	Physical Medicine, Rehabilitation , and Occupational Medicine	026	Neuromuscular Medicine (Physical Medicine & Rehabilitation) Physician	Physical Medicine, Rehabilitation , and Occupational Medicine	Neuromuscular Medicine (Physical Medicine & Rehabilitation) Physician
Individual	2081P0004X	Physical Medicine, Rehabilitation , and Occupational Medicine	026	Spinal Cord Injury Medicine Physician	Physical Medicine, Rehabilitation , and Occupational Medicine	Spinal Cord Injury Medicine Physician
Individual	2081P0010X	Physical Medicine, Rehabilitation , and Occupational Medicine	026	Pediatric Rehabilitation Medicine Physician	Physical Medicine, Rehabilitation , and Occupational Medicine	Pediatric Rehabilitation Medicine Physician
Individual	2081P0301X	Physical Medicine, Rehabilitation , and Occupational Medicine	026	Brain Injury Medicine (Physical Medicine & Rehabilitation) Physician	Physical Medicine, Rehabilitation , and Occupational Medicine	Brain Injury Medicine (Physical Medicine & Rehabilitation) Physician
Individual	2081P2900X	Physical Medicine, Rehabilitation , and Occupational Medicine	026	Pain Medicine (Physical Medicine & Rehabilitation) Physician	Physical Medicine, Rehabilitation , and Occupational Medicine	Pain Medicine (Physical Medicine & Rehabilitation) Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	2081S0010X	Physical Medicine, Rehabilitation , and Occupational Medicine	026	Sports Medicine (Physical Medicine & Rehabilitation) Physician	Physical Medicine, Rehabilitation , and Occupational Medicine	Sports Medicine (Physical Medicine & Rehabilitation) Physician
Individual	2083X0100X	Physical Medicine, Rehabilitation , and Occupational Medicine	026	Occupational Medicine Physician	Physical Medicine, Rehabilitation , and Occupational Medicine	Occupational Medicine Physician
Individual	225100000X	Physical Therapy	049	Physical Therapy	Physical Therapy	Physical Therapist
Individual	2251C2600X	Physical Therapy	049	Physical Therapy	Physical Therapy	Cardiopulmonary Physical Therapist
Individual	2251E1200X	Physical Therapy	049	Physical Therapy	Physical Therapy	Ergonomics Physical Therapist
Individual	2251E1300X	Physical Therapy	049	Physical Therapy	Physical Therapy	Clinical Electrophysiology Physical Therapist
Individual	2251G0304X	Physical Therapy	049	Physical Therapy	Physical Therapy	Geriatric Physical Therapist
Individual	2251H1200X	Physical Therapy	049	Physical Therapy	Physical Therapy	Hand Physical Therapist

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	2251H1300X	Physical Therapy	049	Physical Therapy	Physical Therapy	Human Factors Physical Therapist
Individual	2251N0400X	Physical Therapy	049	Physical Therapy	Physical Therapy	Neurology Physical Therapist
Individual	2251P0200X	Physical Therapy	049	Physical Therapy	Physical Therapy	Pediatric Physical Therapist
Individual	2251S0007X	Physical Therapy	049	Physical Therapy	Physical Therapy	Sports Physical Therapist
Individual	2251X0800X	Physical Therapy	049	Physical Therapy	Physical Therapy	Orthopedic Physical Therapist
Individual	208200000X	Plastic Surgery	027	Plastic Surgery	Plastic Surgery	Plastic Surgery Physician
Individual	2082S0099X	Plastic Surgery	027	Plastic Surgery	Plastic Surgery	Plastic Surgery Within the Head and Neck (Plastic Surgery) Physician
Individual	2082S0105X	Plastic Surgery	027	Plastic Surgery	Plastic Surgery	Surgery of the Hand (Plastic Surgery) Physician
Individual	2086S0122X	Plastic Surgery	027	Plastic Surgery	Plastic Surgery	Plastic and Reconstructive

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
						Surgery Physician
Individual	213E00000X	Podiatry	028	Podiatry	Podiatry	Podiatrist
Individual	213EP0504X	Podiatry	028	Podiatry	Podiatry	Public Medicine Podiatrist
Individual	213EP1101X	Podiatry	028	Podiatry	Podiatry	Primary Podiatric Medicine Podiatrist
Individual	213ER0200X	Podiatry	028	Podiatry	Podiatry	Radiology Podiatrist
Individual	213ES0000X	Podiatry	028	Podiatry	Podiatry	Sports Medicine Podiatrist
Individual	213ES0103X	Podiatry	028	Podiatry	Podiatry	Foot & Ankle Surgery Podiatrist
Individual	213ES0131X	Podiatry	028	Podiatry	Podiatry	Foot Surgery Podiatrist
Individual	207Q00000X	Primary Care - Adult	002	Family Medicine	Primary Care - Adult	Family Medicine Physician
Individual	207QA0000X	Primary Care - Adult	002	Family Medicine	Primary Care - Adult	Adolescent Medicine (Family Medicine) Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207QA0505 X	Primary Care - Adult	002	Family Medicine	Primary Care - Adult	Adult Medicine Physician
Individual	207QB0002X	Primary Care - Adult	002	Family Medicine	Primary Care - Adult	Obesity Medicine (Family Medicine) Physician
Individual	208D00000X	Primary Care - Adult	001	General Practice	Primary Care - Adult	General Practice Physician
Individual	207QG0300 X	Primary Care - Adult	004	Geriatrics	Primary Care - Adult	Geriatric Medicine (Family Medicine) Physician
Individual	207RG0300X	Primary Care - Adult	004	Geriatrics	Primary Care - Adult	Geriatric Medicine (Internal Medicine) Physician
Individual	207R00000X	Primary Care - Adult	003	Internal Medicine	Primary Care - Adult	Internal Medicine Physician
Individual	207RA0000X	Primary Care - Adult	003	Internal Medicine	Primary Care - Adult	Adolescent Medicine (Internal Medicine) Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207RB0002X	Primary Care - Adult	003	Internal Medicine	Primary Care - Adult	Obesity Medicine (Internal Medicine) Physician
Individual	363LA2200X	Primary Care - Adult	006	Primary Care - Advanced Registered Nurse Practitioner	Primary Care - Adult	Adult Health Nurse Practitioner
Individual	363LF0000X	Primary Care - Adult	006	Primary Care - Advanced Registered Nurse Practitioner	Primary Care - Adult	Family Nurse Practitioner
Individual	363LP2300X	Primary Care - Adult	006	Primary Care - Advanced Registered Nurse Practitioner	Primary Care - Adult	Primary Care Nurse Practitioner
Individual	363A00000X	Primary Care - Adult	005	Primary Care - Physician Assistant	Primary Care - Adult	Physician Assistant
Individual	363AM0700X	Primary Care - Adult	005	Primary Care - Physician Assistant	Primary Care - Adult	Medical Physician Assistant
Individual	208000000X	Primary Care - Pediatric	101	Primary Care - Pediatric	Primary Care - Pediatric	Pediatrics Physician
Individual	2080A0000X	Primary Care - Pediatric	101	Primary Care - Pediatric	Primary Care - Pediatric	Pediatric Adolescent

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
						Medicine Physician
Individual	363LP0200X	Primary Care - Pediatric	101	Primary Care - Pediatric	Primary Care - Pediatric	Pediatric Nurse Practitioner
Individual	2080A0000X	Pediatric Specialty Care	PE	Pediatric Adolescent Medicine Physician	Pediatric Specialty Care	Pediatric Adolescent Medicine Physician
Individual	2080N0001X	Pediatric Specialty Care	PE	Perinatal Medicine	Pediatric Specialty Care	Pediatrics Neonatal-Perinatal Medicine
Individual	207LP3000X	Pediatric Specialty Care	PE41	Pediatric Anesthesiology Physician	Pediatric Specialty Care	Pediatric Anesthesiology Physician
Individual	2080P0201X	Pediatric Specialty Care	PE007	Pediatric Allergy/Immunology	Pediatric Specialty Care	Pediatric Allergy/Immunology
Individual	2080P0202X	Pediatric Specialty Care	PE008	Pediatric Cardiology	Pediatric Specialty Care	Pediatric Cardiology
Individual	N/A	Pediatric Specialty Care	PE	Pediatric Medical Toxicology Physicians	Pediatric Specialty Care	Pediatric Medical Toxicology Physicians
Individual	208010007X	Pediatric Specialty Care	PE007	Pediatric Clinical & Laboratory	Pediatric Specialty Care	Pediatric Clinical & Laboratory

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
				Immunology Physicians		Immunology Physicians
Individual	207PP0204X	Pediatric Specialty Care	PE037	Pediatric Emergency Medicine Physician	Pediatric Specialty Care	Pediatric Emergency Medicine (Emergency Medicine) Physician
Individual	2080P0205X	Pediatric Specialty Care	PE012	Pediatric Endocrinology	Pediatric Specialty Care	Pediatric Endocrinology
Individual	2080P0206X	Pediatric Specialty Care	PE014	Pediatric Gastroenterology	Pediatric Specialty Care	Pediatric Gastroenterology
Individual	2080P0207X	Pediatric Specialty Care	PE021	Pediatric Hematology/Oncology	Pediatric Specialty Care	Pediatric Hematology/Oncology
Individual	2080P0208X	Pediatric Specialty Care	PE017	Pediatric Infection Disease	Pediatric Specialty Care	Pediatric Infection Disease
Individual	2080P0210X	Pediatric Specialty Care	PE018	Pediatric Nephrology	Pediatric Specialty Care	Pediatric Nephrology
Individual	207XP3100X	Pediatric Specialty Care	PE025	Pediatric Orthopedic Surgery Physician	Pediatric Specialty Care	Pediatric Orthopedic Surgery Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	207YP0228X	Pediatric Specialty Care	PE013	Pediatric Otolaryngology Physician	Pediatric Specialty Care	Pediatric Otolaryngology Physician
Individual	2080P0214X	Pediatric Specialty Care	PE030	Pediatric Pulmonology	Pediatric Specialty Care	Pediatric Pulmonology
Individual	2086S0120X	Pediatric Specialty Care	PE015	Pediatric Surgery	Pediatric Specialty Care	Pediatric Surgery
Individual	2080P0008X	Pediatric Specialty Care	PE019	Pediatric Neurodevelopmental Disabilities	Pediatric Specialty Care	Pediatric Neurodevelopmental Disabilities Physician
Individual	207NP0225X	Pediatric Specialty Care	PE011	Pediatric Dermatology	Pediatric Specialty Care	Pediatric Dermatology
Individual	207WX0110X	Pediatric Specialty Care	PE023	Pediatric Ophthalmology and Strabismus Specialist	Pediatric Specialty Care	Pediatric Ophthalmology and Strabismus Specialist
Individual	2088P0231X	Pediatric Specialty Care	PE033	Pediatric Urology	Pediatric Specialty Care	Pediatric Urology
Individual	364SX0204X	Pediatric Specialty Care	PE021	Pediatric Oncology Clinical Nurse Specialist	Pediatric Specialty Care	Pediatric Oncology Clinical Nurse Specialist

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	2080P0216X	Pediatric Specialty Care	PE031	Pediatric Rheumatology Physician	Pediatric Specialty Care	Pediatric Rheumatology Physician
Individual	207RP1001X	Pulmonology	030	Pulmonology	Pulmonology	Pulmonary Disease Physician
Individual	2080P0214X	Pulmonology	030	Pulmonology	Pulmonology	Pediatric Pulmonology Physician
Individual	207RR0500X	Rheumatology	031	Rheumatology	Rheumatology	Rheumatology Physician
Individual	2080P0216X	Rheumatology	031	Rheumatology	Rheumatology	Pediatric Rheumatology Physician
Individual	235500000X	Speech Therapy	051	Speech Therapy	Speech Therapy	Speech/Language/Hearing Specialist/Technologist
Individual	235Z00000X	Speech Therapy	051	Speech Therapy	Speech Therapy	Speech-Language Pathologist
Individual	208800000X	Urology	033	Urology	Urology	Urology Physician
Individual	2088F0040X	Urology	033	Urology	Urology	Female Pelvic Medicine and Reconstructive Surgery (Urology) Physician

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Individual	2088P0231X	Urology	033	Urology	Urology	Pediatric Urology Physician
Individual	2086S0129X	Vascular Surgery	034	Vascular Surgery	Vascular Surgery	Vascular Surgery Physician
Individual	2085R0204X	Vascular Surgery	034	Vascular & Interventional Radiology Physician	Vascular Surgery	Vascular & Interventional Radiology Physician
Facility	282N00000X	Acute Inpatient Hospitals (Must have emergency services available 24/7)	040	Acute Inpatient Hospitals (Must have emergency services available 24/7)	Acute Inpatient Hospitals (Must have emergency services available 24/7)	General Acute Care Hospital
Facility	261QB0400X	Birthing Center	BC	Birthing Center	Birthing Center	Birthing Clinic/Center
Facility	N/A	Cardiac Catheterization Services	042	Cardiac Catheterization Services	Cardiac Catheterization Services	N/A
Facility	N/A	Cardiac Surgery Program	041	Cardiac Surgery Program	Cardiac Surgery Program	N/A
Facility	N/A	Critical Care Services - Intensive	043	Critical Care Services - Intensive	Critical Care Services - Intensive	N/A

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
		Care Units (ICU)		Care Units (ICU)	Care Units (ICU)	
Facility	261QM1200X	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory medical facilities with Diagnostic Radiology)	047	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory medical facilities with Diagnostic Radiology)	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory medical facilities with Diagnostic Radiology)	Magnetic Resonance Imaging (MRI) Clinic/Center
Facility	261QR0200X	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory medical facilities with Diagnostic Radiology)	047	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory medical facilities with Diagnostic Radiology)	Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory medical facilities with Diagnostic Radiology)	Radiology Clinic/Center
Facility	251E00000X	Home Healthcare Agency	60	Home Health Care Agency	Home Healthcare Agency	Home Health Agency
Facility	332900000X	Home Healthcare Agency	60	Non-Pharmacy Dispensing Site	Home Healthcare Agency	Non-Pharmacy Dispensing Site
Facility	322D00000X	Inpatient or Residential	P076	Children's Residential	Inpatient or Residential	Emotionally Disturbed

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
		Behavioral Health Facility Services		Treatment Facility (Mental Illness, Psychiatric)	Behavioral Health Facility Services	Children's Residential Treatment Facility
Facility	323P00000X	Inpatient or Residential Behavioral Health Facility Services	P076	Children's Residential Treatment Facility (Mental Illness, Psychiatric)	Inpatient or Residential Behavioral Health Facility Services	Psychiatric Residential Treatment Facility
Facility	3245S0500X	Inpatient or Residential Behavioral Health Facility Services	P072	Children's Substance Use Disorder Rehabilitation Facility	Inpatient or Residential Behavioral Health Facility Services	Children's Substance Use Disorder Rehabilitation Facility
Facility	273R00000X	Inpatient or Residential Behavioral Health Facility Services	052	Inpatient Psychiatry (Free-standing inpatient psychiatric facility and psychiatric beds within an Acute Care Hospital)	Inpatient or Residential Behavioral Health Facility Services	Psychiatric Hospital Unit
Facility	283Q00000X	Inpatient or Residential Behavioral Health	052	Inpatient Psychiatry (Free-standing inpatient	Inpatient or Residential Behavioral Health	Psychiatric Hospital

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
		Facility Services		psychiatric facility and psychiatric beds within an Acute Care Hospital)	Facility Services	
Facility	320800000X	Inpatient or Residential Behavioral Health Facility Services	076	Mental Health Residential Treatment Facility (Mental Illness, Psychiatric)	Inpatient or Residential Behavioral Health Facility Services	Mental Illness Community Based Residential Treatment Facility
Facility	276400000X	Inpatient or Residential Behavioral Health Facility Services	072	Substance Use Disorder Rehabilitation Facility (Hospital Unit and Residential Treatment Facility)	Inpatient or Residential Behavioral Health Facility Services	Substance Use Disorder Rehabilitation Hospital Unit
Facility	324500000X	Inpatient or Residential Behavioral Health Facility Services	072	Substance Use Disorder Rehabilitation Facility (Hospital Unit and Residential Treatment Facility)	Inpatient or Residential Behavioral Health Facility Services	Substance Use Disorder Rehabilitation Facility
Facility	261QR0206X	Mammography	048	Mammography	Mammography	Mammography Clinic/Center

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Facility	261QI0500X	Outpatient Infusion/Che motherapy	057	Outpatient Infusion/Che motherapy	Outpatient Infusion/Che motherapy	Infusion Therapy Clinic/Center
Facility	261QX0200X	Outpatient Infusion/Chemotherap y	057	Outpatient Infusion/Che motherapy	Outpatient Infusion/Che motherapy	Oncology Clinic/Center
Facility	261QX0203X	Outpatient Infusion/Chemotherap y	057	Outpatient Infusion/Che motherapy	Outpatient Infusion/Che motherapy	Radiation Oncology Clinic/Center
Facility	N/A	Organ Transplant Center	TC	Organ Transplant Center	Organ Transplant Center	N/A
Facility	282NC2000X	Pediatric Specialty Hospital	PH	Pediatric Specialty Hospital	Pediatric Specialty Hospital	Children's Hospital
Facility	323P00000X	Psychiatric Residential Treatment Facility (PRTF)	PR	Psychiatric Residential Treatment Facility (PRTF)	Psychiatric Residential Treatment Facility (PRTF)	Psychiatric Residential Treatment Facility
Facility	314000000X	Skilled Nursing Facilities	046	Skilled Nursing Facilities	Skilled Nursing Facilities	Skilled Nursing Facility
Facility	3140N1450X	Skilled Nursing Facilities	046	Skilled Nursing Facilities	Skilled Nursing Facilities	Pediatric Skilled Nursing Facility

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
Facility	261QR0405X	Substance Use Disorder (Outpatient)	CD2F	Substance Use Disorder Rehabilitation	Substance Use Disorder (Outpatient)	Substance Use Disorder Rehabilitation Hospital Unit
Facility	226400000X	Substance Use Disorder (Outpatient)	CD2F	Substance Use Disorder Rehabilitation	Substance Use Disorder (Outpatient)	Substance Use Disorder Rehabilitation Clinic/Center
Facility	261QA1903X	Surgical Services (Outpatient or ASC)	045	Surgical Services (Outpatient and ASC)	Surgical Services (Outpatient or ASC)	Ambulatory Surgical Clinic/Center
Facility	261QS0132X	Surgical Services (Outpatient or ASC)	045	Surgical Services (Outpatient and ASC)	Surgical Services (Outpatient or ASC)	Ophthalmologic Surgery Clinic/Center
Facility	322D00000X	Residential Treatment Facility	RT	Children's Residential Treatment Facility	Residential Treatment Facility	Emotionally Disturbed Children's Residential Treatment Facility
Facility	320800000X	Residential Treatment Facility	RT	Community Based Residential Treatment	Residential Treatment Facility	Mental Illness Community Based Residential Treatment Facility
Facility	320900000X	Residential Treatment Facility	RT	Residential Treatment Facility	Residential Treatment Facility	Community Based Residential Treatment

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Individual /Facility	NUCC Taxonomy Code	Individual and Facility Category	Specialty Code	Specialty Type Descriptions	Regulatory Standard	NUCC Display Name (for reference only)
						Facility, Intellectual and/or Developmental Disabilities
Facility	320600000X	Residential Treatment Facility	RT	Residential Treatment Facility	Residential Treatment Facility	Residential Treatment Facility, Intellectual and/or Developmental Disabilities
Facility	320700000X	Residential Treatment Facility	RT	Residential Treatment Facility	Residential Treatment Facility	Residential Treatment Facility, Physical Disabilities
Facility	261QU0200 X	Urgent Care	080	Urgent Care	Urgent Care	Urgent Care Clinic/Center

Appendix C – Minnesota Department of Health Time and Distance Standards Per Specialty

Table C1: Individual Provider Maximum Time and Distance Requirements by Geographic Type

Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
AP	Acupuncture	20	10	45	30	80	60	75	60	110	100
007	Allergy and Immunology	30	15	45	30	80	60	90	75	125	110
41	Anesthesiology Physicians and Certified Registered Nurse Anesthetists	20	10	30	20	50	35	75	60	95	85
008	Cardiology	20	10	30	20	50	35	75	60	95	85
035	Cardiothoracic Surgery	30	15	60	40	100	75	110	90	145	130
010	Chiropractic Services	30	15	45	30	80	60	90	75	125	110

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
50	Colon and Rectal	20	10	45	30	60	45	75	60	110	100
-	Dental Providers -* Pediatric	-	-	-	-	-	-	-	-	-	-
201	Dental – General*	30	15	45	30	80	60	90	75	125	110
P201	Pediatric Dental Medical Network*	30	15	45	30	80	60	90	75	125	110
-	Additional Dentists -**(not counted towards time and distance standard)	-	-	-	-	-	-	-	-	-	-
202	Dental – Orthodontist**	30	15	45	30	80	60	90	75	125	110
203	Dental – Periodontist**	30	15	45	30	80	60	90	75	125	110
204	Dental – Endodontist**	30	15	45	30	80	60	90	75	125	110

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
205	Dental-Oral Surgery**	30	15	45	30	80	60	90	75	125	110
206	Dental – Prosthodontist**	30	15	45	30	80	60	90	75	125	110
011	Dermatology	20	10	45	30	60	45	75	60	110	100
037	Emergency Medicine	20	10	45	30	80	60	75	60	110	100
012	Endocrinology	30	15	60	40	100	75	110	90	145	130
013	ENT/ Otolaryngology	30	15	45	30	80	60	90	75	125	110
014	Gastroenterology	20	10	45	30	60	45	75	60	110	100
015	General Surgery	20	10	30	20	50	35	75	60	95	85
016	Gynecology, OB/GYN	10	5	15	10	30	20	40	30	70	60

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
017	Infectious Diseases	30	15	60	40	100	75	110	90	145	130
-	Mental Health - Providers (outpatient therapy) *	-	-	-	-	-	-	-	-	-	-
106	Addiction (Substance Use Disorder) Counselor*	10	5	15	10	30	20	40	30	70	60
801	Behavioral Analyst*	10	5	15	10	30	20	40	30	70	60
107	Counselor (Mental Health and Professional) *	10	5	15	10	30	20	40	30	70	60
105	Marriage and Family Therapist*	10	5	15	10	30	20	40	30	70	60
103	Psychologist*	10	5	15	10	30	20	40	30	70	60

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
102	Social Worker*	10	5	15	10	30	20	40	30	70	60
-	Mental Health - Provider Prescribers**	-	-	-	-	-	-	-	-	-	-
800	Addiction Medicine Physician**	20	10	45	30	60	45	75	60	110	100
108	Behavioral Health – Advanced Practice Registered Nurse**	20	10	45	30	60	45	75	60	110	100
029	Psychiatry**	20	10	45	30	60	45	75	60	110	100
109	Psychiatric Pharmacist**	20	10	45	30	60	45	75	60	110	100
018	Nephrology	30	15	45	30	80	60	90	75	125	110
019	Neurology	20	10	45	30	60	45	75	60	110	100

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
020	Neurosurgery	30	15	60	40	100	75	110	90	145	130
050	Occupational Therapy	20	10	45	30	80	60	75	60	110	100
021	Oncology – Medical & Surgical	20	10	45	30	60	45	75	60	110	100
022	Oncology – Radiation	30	15	60	40	100	75	110	90	145	130
023	Ophthalmology	20	10	30	20	50	35	75	60	95	85
025	Orthopedic Surgery	20	10	30	20	50	35	75	60	95	85
026	Physical Medicine, Rehabilitation, and Occupational Medicine	30	15	45	30	80	60	90	75	125	110
049	Physical Therapy	20	10	45	30	80	60	90	75	125	110
027	Plastic Surgery	30	15	60	40	100	75	110	90	145	130

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
028	Podiatry	20	10	45	30	60	45	75	60	110	100
-	Primary Care - Adult *	-	-	-	-	-	-	-	-	-	-
001	General Practice*	10	5	15	10	30	20	40	30	70	60
002	Family Medicine*	10	5	15	10	30	20	40	30	70	60
003	Internal Medicine*	10	5	15	10	30	20	40	30	70	60
004	Geriatrics*	10	5	15	10	30	20	40	30	70	60
005	Primary Care - Physician Assistants*	10	5	15	10	30	20	40	30	70	60
006	Primary Care - Advanced Registered Nurse Practitioner*	10	5	15	10	30	20	40	30	70	60

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
101	Primary Care – Pediatric*	10	5	15	10	30	20	40	30	70	60
Varies	Pediatric Specialty Care	10	5	15	10	30	20	40	30	70	60
030	Pulmonology	20	10	45	30	60	45	75	60	110	100
031	Rheumatology	30	15	60	40	100	75	110	90	145	130
051	Speech Therapy	20	10	45	30	80	60	75	60	110	100
033	Urology	20	10	45	30	60	45	75	60	110	100
034	Vascular Surgery	30	15	60	40	100	75	110	90	145	130

Table C2: Facility Maximum Time and Distance Requirements by Geographic Type

Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
040	Acute Inpatient Hospitals	20	10	45	30	80	60	75	60	110	100
042	Cardiac Catheterization Services	30	15	60	40	160	120	145	120	155	140
041	Cardiac Surgery Program	30	15	60	40	160	120	145	120	155	140
043	Critical Care Services – Intensive Care Units (ICU)	20	10	45	30	160	120	145	120	155	140
047	Diagnostic Radiology	20	10	45	30	80	60	75	60	110	100
-	Inpatient or Residential Behavioral Health Facility Services *	-	-	-	-	-	-	-	-	-	-

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
052	Inpatient Psychiatric Facility Services *	30	15	70	45	100	75	90	75	155	140
072	Substance Use Disorder Rehabilitation Facility (hospital unit/residential) *	30	15	70	45	100	75	90	75	155	140
076	Mental Health Residential Treatment Facility (mental illness, psychiatric) *	30	15	70	45	100	75	90	75	155	140
P072	Children's Substance Use Disorder Rehabilitation Facility*	30	15	70	45	100	75	90	75	155	140

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
P076	Children's Residential Treatment Facility (Mental Illness, Psychiatric) *	30	15	70	45	100	75	90	75	155	140
048	Mammography	20	10	45	30	80	60	75	60	110	100
057	Outpatient Infusion/Chemotherapy	20	10	45	30	80	60	75	60	110	100
046	Skilled Nursing Facilities	20	10	45	30	80	60	75	60	95	85
CD2F	Substance Use Disorder (Outpatient)	30	15	70	45	110	75	90	75	155	140
045	Surgical Services (Outpatient or ASC)	20	10	45	30	80	60	75	60	110	100
080	Urgent Care	20	10	45	30	80	60	75	60	110	100

Table C3: Standalone Dental Maximum Time and Distance Requirements by Geographic Type

Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
201	Dental – General (time and distance)	30	15	45	30	80	60	90	75	125	110
202	Dental – Orthodontist (informational)	30	15	45	30	80	60	90	75	125	110
203	Dental – Periodontist (informational)	30	15	45	30	80	60	90	75	125	110
204	Dental – Endodontist (informational)	30	15	45	30	80	60	90	75	125	110
205	Dental-Oral Surgery (informational)	30	15	45	30	80	60	90	75	125	110
206	Dental – Prosthodontist (informational)	30	15	45	30	80	60	90	75	125	110

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Provider File Code	Individual Specialty	Large Metro Maximum Time (minutes)	Large Metro Maximum Distance (miles)	Metro Maximum Time (minutes)	Metro Maximum Distance (miles)	Micro Maximum Time (minutes)	Micro Maximum Distance (miles)	Rural Maximum Time (minutes)	Rural Maximum Distance (miles)	CEAC Maximum Time (minutes)	CEAC Maximum Distance (miles)
P201	Pediatric Dental (time and distance)	30	15	45	30	80	60	90	75	125	110

Appendix D – References

- [62D.08 Annual Reports \(https://www.revisor.mn.gov/statutes/cite/62D.08\)](https://www.revisor.mn.gov/statutes/cite/62D.08)
- [62K.075 Provider Network Notifications \(https://www.revisor.mn.gov/statutes/cite/62K.075\)](https://www.revisor.mn.gov/statutes/cite/62K.075)
- [MCS Portal \(https://mcs-portal.web.health.state.mn.us/\)](https://mcs-portal.web.health.state.mn.us/)
- [62K.10 Network Adequacy Statutes \(https://www.revisor.mn.gov/statutes/cite/62K.10\)](https://www.revisor.mn.gov/statutes/cite/62K.10)
- [62K.10 Geographic Accessibility; Provider Network Adequacy \(https://www.revisor.mn.gov/statutes/cite/62K.10\)](https://www.revisor.mn.gov/statutes/cite/62K.10)
- [62V.05 Responsibilities and Powers of MNsure \(https://www.revisor.mn.gov/statutes/cite/62V.05\)](https://www.revisor.mn.gov/statutes/cite/62V.05)
- [62Q.19 Essential Community Providers \(https://www.revisor.mn.gov/statutes/cite/62Q.19\)](https://www.revisor.mn.gov/statutes/cite/62Q.19)
- [Chapter 4688 Essential Community Providers \(https://www.revisor.mn.gov/rules/4688/\)](https://www.revisor.mn.gov/rules/4688/)
- [Essential Community Providers Webpage \(https://www.health.state.mn.us/facilities/insurance/managedcare/ecp/index.html\)](https://www.health.state.mn.us/facilities/insurance/managedcare/ecp/index.html)
- [Affordable Choice of Health Plan Benefits \(https://www.law.cornell.edu/uscode/text/42/18031\)](https://www.law.cornell.edu/uscode/text/42/18031)
- [156.235 Essential Community Providers \(https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-156/subpart-C/section-156.235\)](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-156/subpart-C/section-156.235)
- [62K.13 Service Area Requirements \(https://www.revisor.mn.gov/statutes/cite/62K.13\)](https://www.revisor.mn.gov/statutes/cite/62K.13)
- [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 \(https://www.qhpcertification.cms.gov/QHPvforcesite/apex/FileDownload?file=QHP-Population-Sample-File-for-PY2027-040226-v1\)](https://www.qhpcertification.cms.gov/QHPvforcesite/apex/FileDownload?file=QHP-Population-Sample-File-for-PY2027-040226-v1)
- [13.37 General Nonpublic Data \(https://www.revisor.mn.gov/statutes/cite/13.37\)](https://www.revisor.mn.gov/statutes/cite/13.37)
- [System for Electronic Rates & Forms Filing \(SERFF\) \(https://www.serff.com/\)](https://www.serff.com/)
- [Network Adequacy Staff Group Email \(networkadequacy@state.mn.us\)](mailto:networkadequacy@state.mn.us)
- [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)
- [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)
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