

Qualified Health Plan Issuer Application Instructions

2018

April 13, 2017

Version 1

Section 1E: Essential Community Providers/Network Adequacy

1. Introduction

In the ECP/Network Adequacy section, issuers will need to demonstrate that they meet the requirements of having a network of contracted in-network providers to provide reasonable access to all covered services and a sufficient number and geographic distribution of ECPs, as well as collect provider data in each network associated with a QHP. These instructions apply to QHP and SADP issuers.

2. HIOS Interface

Issuers must respond to all attestations in the Issuer Module. The ECP/Network Adequacy section of the HIOS Issuer Module will consist of three questions; the last two questions are specifically for network adequacy (please refer to below—note the numbering corresponds to the HIOS screens):

Essential Community Providers

1. Applicant attests that it meets the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers):
 - a. In order to meet the General ECP Standard, the applicant has:
 - i. Contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network;
 - ii. Offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QHP certification plan year; and
 - iii. Offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).
 - b. In order to meet the Alternate ECP standard, the applicant has:
 - i. Contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; and
 - ii. Offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADP applicants).
 - c. **Yes.** (Answer **Yes** if the applicant meets the ECP requirements listed above.)
 - d. **No.** (Answer **No** if the applicant does not meet the ECP requirements listed above. Applicants answering **No** are required to submit a supplemental ECP response.)

Network Adequacy

2. Does the applicant attest to meeting all the requirements established under 45 CFR 156.230, including maintaining a network that is sufficient in number and types of providers to ensure that all services will be accessible without unreasonable delay in accordance with 45 CFR 156.230(a)(2)? This includes providers that specialize in mental health and substance abuse services for all plans except SADPs.
 - a. **Yes.** (Answer **Yes** if the applicant attests to meeting all requirements established under 45 CFR 156.230, which includes maintaining a sufficient network.)
3. Are you required to submit an ECP/Network Adequacy Template?
 - a. **Yes.** (Answer **Yes** if the applicant is a SERFF issuer or a HIOS issuer who is not offering ONLY indemnity plan designs. All SERFF issuers must submit an ECP/Network Adequacy Template and

supporting documentation [including those issuers that are offering only indemnity plan designs]. Indemnity plan designs should upload “dummy” data as displayed in the table below.)

- b. **No.** (Answer **No** if the applicant is a HIOS issuer and is offering only indemnity plan designs.)

Indemnity Plan Dummy Data: Issuers should complete the **User Control** tab and populate the first row in the **Individual Providers** tab with the data in Table 1E-1. All other tabs should be blank.

Table 1E-1. Dummy Data Information

<i>Column</i>	<i>Data</i>
NPI:	Enter 1234567893
First Name of Provider:	Enter Abc
Last Name of Provider:	Enter Xyz
Physician/Non-Physician:	Select Physician
Specialty Type:	Select or enter 001 General Practice
Street Address:	Enter 123 Elm Street
City:	Choose a city in the state associated with the plan
State:	Choose the state associated with the plan
County:	Choose the county associated with the above-entered city
ZIP:	Enter 00000
Network:	Select one of the automatically created network IDs.

3. Data Requirements

To complete this section, issuers will need the following:

1. HIOS Issuer ID;
2. Issuer state;
3. Completed Network ID Template;
4. **New for this year:** This section is only required for issuers who are notified by email that they would need to provide this information. All other issuers do not need to populate the Network Adequacy sections of the template. A list of providers in each of the proposed networks, including providers outside the service area (such as in contiguous counties, even if they are across state lines). If a provider is in-network and enrollees can access that service include: provider name, National Provider Information (NPI), specialty and facility type, street address of location providing services, city, state, county, and ZIP code;
5. A list of ECPs in each of the proposed networks, including provider name, NPI, ECP category, street address of location providing services, city, state, county, zip code, number of contracted providers, and associated issuer network IDs;
6. An ECP Write-in Worksheet (as applicable);
7. Supplemental ECP Response—QHP (as applicable);
8. Supplemental ECP Response—SADP (as applicable); and
9. Access Plan with Cover Sheet (issuers who are required to submit Access Plans will be notified by email).

4. Quick Reference

Key Changes for 2018	
ECP Updates	
<ul style="list-style-type: none"> ◆ Issuers will provide hospital bed-count information as part of the ECP portion of their ECP/Network Adequacy Template. ◆ Issuers will be evaluated against a 20 percent ECP standard. 	
Network Adequacy Updates	
<ul style="list-style-type: none"> ◆ Except for Issuers in Network Breadth Pilot states, Issuers are not required to submit Network Adequacy data (Individual and Facility/Pharmacy) via the ECP/NA Template. Issuers in Network Breadth Pilot states will be required to provide Network Adequacy data via the ECP/NA Template, and will be notified directly by email. ◆ Network Adequacy Justifications will not be requested by CCIIO. ◆ Some QHP and SADP Issuers are required to submit an Access Plan with Cover Sheet. Access Plans must be uploaded as Supporting Documents (see the Supporting Documents table at the end of this section for details). Issuers who are required to submit an access plan will be notified directly by email. 	

Tips for the ECP/Network Adequacy Section	
<ul style="list-style-type: none"> ◆ Issuers must complete the <i>Issuer Information</i> section on the User Control tab before creating and entering the rest of their data into the other tabs. ◆ Issuers <u>should not</u> change the file names on their ECP/Network Adequacy files after finalizing the template. This file-naming convention allows CMS to easily identify an issuer's ECP/Network Adequacy Template. Changing the file name could cause the issuer to receive a correction notice. ◆ Complete the Network ID Template before completing the ECP/Network Adequacy Template. ◆ The PY2018 ECP/Network Adequacy Template includes the ability to delete rows. 	

5. Detailed Section Instructions

<i>User Control Tab</i>	<i>Steps</i>
HIOS Issuer ID	Enter the five-digit HIOS Issuer ID.
Source System	Select the name of the system used to submit the QHP Application. <ul style="list-style-type: none"> ◆ HIOS—if the user is an FFM issuer. ◆ SERFF—if the user is an issuer in a state performing plan management functions in an FFM (State Partnership Marketplace).
State	Select the state in which the issuer is applying to offer QHPs using the drop-down menu.
Is this an Alternate ECP Standard Issuer?	Choose from the following options: <ul style="list-style-type: none"> ◆ Yes—if the user is an alternate ECP standard issuer as described under 45 CFR 156.235(b). ◆ No—if the user is a general ECP standard issuer.

Select ECPs Tab	Steps
Filter ECPs	<p>The columns on the Select ECPs tab can be filtered to make selecting ECPs easier. For example, filter the <i>Site State</i> column to show only ECPs available in the issuer's state. SADP issuers may want to filter on Column F, <i>ECP Category</i>, for any provider with "Dental Providers" listed to display only dental providers.</p>
Add ECPs	<p>Double-click anywhere on the row for the ECPs the user wants to add to the ECP tabs. Once selected, the row will be highlighted in blue and "add" will appear in the <i>Add ECP?</i> column. Continue selecting the ECPs until all contracted ECPs from the ECP list are selected.</p> <ul style="list-style-type: none"> ◆ To unselect an ECP, double-click on the selected row. The blue highlighting will be removed, and the ECP will not be added to the ECP tabs. ◆ To clear ALL selected ECPs, click the Clear All button at the top of the tab, and all highlighted ECPs will be deselected and will not be added to the ECP tabs. ◆ To show only those ECPs that have been selected, click the Show Selected ECPs button at the top of the tab and all highlighted ECPs will be displayed. To undo this action and show all ECPs, click the Show All ECPs button.
Insert ECPs	<p>Click the Insert Selected ECPs button. The selected ECPs will be added to the Facility ECPs tab (providers with more than one FTE practitioner and inpatient hospital providers) or to the Individual ECPs tab (providers with one or fewer FTE practitioners) of the ECP/Network Adequacy Template. The template will not populate duplicate ECPs into the Facility ECPs or Individual ECPs tabs.</p> <ul style="list-style-type: none"> ◆ For each ECP facility that was selected and inserted from the Select ECPs tab, a record will be added to the Facility ECPs tab that includes the following: row number, NPI, facility name, provider name, street address, city, state, ZIP, county, and ECP category. Any field that is not populated from the Select ECPs tab must be completed by the issuer before the template is validated. ◆ For each individual ECP that was selected and inserted from the Select ECPs tab, a record will be added to the Individual ECPs tab that includes the following: row number, NPI, name of provider, specialty type, street address, city, state, ZIP, county, and ECP category.

A sample **Select ECPs** tab looks like Figure 1E-2.

Figure 1E-2. Sample ECPs Tab

Add ECP?	Row Number	Site Name	Organization Name	National Provider Identifier	ECP Category (General ECP Standard Issuers Only)	Number of Medical FTEs or Bed Count	Number of Dental FTEs	Site Street Address 1	Site Street Address 2	Site City	Site State	Site Zip Code
	201800002	Adak Medical Clinic	EASTERN ALEUTIAN TRIBES	1285796094	Community Mental Health Centers, Dent.	8	1	2105 Main St	PO Box 2105	Adak	AK	99546-2105
ADD	201800003	Ahnikok Village Clinic	KODIAK AREA NATIVE ASSON	1205883907	Dental Providers, Federally Qualified Hea	1	0	1 3rd Ave		Ahnikok	AK	99615
	201800004	Yukon-Kuskokwim Health Corp	Yukon-Kuskokwim Health Corp	1447477815	Indian Health Service, Other ECP Provide	1	0	1 Main St	PO Box 51089	Alaskanak	AK	99551-0209
	201800005	Yukon-Kuskokwim Health Corp	Yukon-Kuskokwim Health Corp	1447477815	Indian Health Service, Other ECP Provide	1	0	148 Post Rd	PO Box 216	Alaska	AK	99552
ADD	201800006	ANESIA KUDRIN MEMORIAL C	Eastern Aleutian Tribes, Inc.	1558423392	Community Mental Health Centers, Dent.	1	1	1113 Main St	PO Box 113	Aktutan	AK	99553-0113
	201800007	Yukon-Kuskokwim Health Corp	YUKON-KUSKOKWIM HEALTH	1447477815	Indian Health Service, Other ECP Provide	1	0	Anderson Street Clinic Drive	PO Box 288	Alakanuk	AK	99554-0288
	201800008	ALLAKAKET HEALTH CLINIC	Tanana Chiefs Conference (DEH)	1821201278	Community Mental Health Centers, Dent.	0.2	0.02	Koyukuk River Junction		Allakaket	AK	99720
ADD	201800009	SVT Health & Wellness	SELDOVIA VILLAGE TRIBE	1336178847	Federally Qualified Health Centers	1	0	34361 Old Sterling Hwy		Anchor Point	AK	99556-9500
	201800010	Quyana Club House	Southcentral Foundation	1144274989	Other ECP Providers, Tribal Health Progr	0.9	0	0 225 Eagle St		Anchorage	AK	99501-2626
ADD	201800011	Pediatric Cardiology of Alaska	Pediatric Cardiology of Alaska	1582829551	Other ECP Providers	2	0	3341 Piper St	Suite 1345	Anchorage	AK	99508-4694
	201800012	Bleeding Disorder Center of Alai	Providence Medical Group	1093946278	Hemophilia Treatment Centers	5	0	3951 Piper St	Suite U120	Anchorage	AK	99502
ADD	201800013	The Pathway Home	Southcentral Foundation	1639102882	Inpatient Hospitals (other than children's)	30	0	4000 San Ernesto Ave		Anchorage	AK	99508-2074
	201800014	Anchorage Health Center	Planned Parenthood of the Grea	1083700686	Family Planning Providers, Sexually Tran	2	0	4001 Lake Otis Pkwy	Suite 101	Anchorage	AK	99508-5200
	201800015	Dena A Coy Residential	Southcentral Foundation	1194678559	Inpatient Hospitals (other than children's)	14	0	4130 San Ernesto Ave		Anchorage	AK	99508-2075
	201800016	Alaska Native Medical Center - I	Southcentral Foundation	1437189339	Other ECP Providers, Tribal Health Progr	136.5	0	4315 Diplomacy Dr		Anchorage	AK	99508-5926
ADD	201800017	Alaska Native Medical Center	Alaska Native Tribal Health Con	1437368891	Dental Providers, Family Planning Provid	1	14	4315 Diplomacy Dr		Anchorage	AK	99508-5926
	201800018	Alaska Native Medical Center	Alaska Native Tribal Health Con	1437368891	Inpatient Hospitals, Inpatient Hospitals	167	0	4315 Diplomacy Dr		Anchorage	AK	99508-5926
	201800019	SCF ANMC CLINIC	SOUTHCENTRAL FOUNDATIO	1861533408	Dental Providers	0	1	4315 Diplomacy Dr		Anchorage	AK	99508-5926
	201800020	Anchorage Native Primary Care	Southcentral Foundation	1124064894	Community Mental Health Centers, Triba	11	0	4320 Diplomacy Dr		Anchorage	AK	99508-5925
	201800021	SCF FIREWEED DENTAL CLIN	SOUTHCENTRAL FOUNDATIO	1861533408	Dental Providers	0	1	4341 Tudor Centre Dr		Anchorage	AK	99508-5904
	201800022	Behavioral Health Fireweed	Southcentral Foundation	1932159076	Community Mental Health Centers, Triba	1.7	0	4341 Tudor Centre Dr		Anchorage	AK	99508-5904
	201800023	Anchorage Neighborhood Health	ANCHORAGE NEIGHBORHOOD	1669475156	Dental Providers, Family Planning Provid	15	3.5	4951 Business Park Blvd		Anchorage	AK	99503-7174
	201800024	Clinical Services - Department of Municipa	City of Anchorage	1184978606	Family Planning Providers, Sexually Tran	3	0	825 L St	Suite No. 102	Anchorage	AK	99501-3337
	201800025	SCARHO Jessie Norma Jim He	Southeast Alaska Regional Hea	1215893945	Federally Qualified Health Centers, Indar	2	0	725 Ratay Rd		Anchorage	AK	99520
	201800026	ANAK SUB-REGIONAL CLINIC	YUKON-KUSKOKWIM HEALTH	1699857658	Federally Qualified Health Centers	2	0	269 Morgans Rd	PO Box 269	Anak	AK	99557-0269
	201800027	YUKON-KUSKOKWIM HEALTH YUKON-KUSKOKWIM HEALTH	1447477815	Indian Health Service, Other ECP Provide	1	0	Charlie Wulf Road #89	PO Box 89	Aniak	AK	99558-0089	
	201800028	ARCTIC VILLAGE HEALTH CLIN COUNCIL OF ATHABASCAN	TI 1578753067	Federally Qualified Health Centers, Indiar	1	0	100 Main St		Arctic Village	AK	99722	
	201800029	APIAI Atka Village Clinic	Aleutian Pribilof Islands Associ	1093939233	Federally Qualified Health Centers, Indiar	1	0	900 A Health Ln		Atka	AK	99547
	201800030	Yukon-Kuskokwim Health Corp	Yukon-Kuskokwim Health Corp	1447477815	Indian Health Service, Other ECP Provide	1	0	101 Boardwalk Way	PO Box 6588	Atmautluak	AK	99559-6588
	201800031	Samuel Simmonds Memorial Hc	Arctic Slope Native Association	136933643	Dental Providers, Outpatient Hospital Clin	22	5	7000 Uluu St		Barrow	AK	99723
	201800032	Samuel Simmonds Memorial Hc	Arctic Slope Native Association	136933643	Inpatient Hospitals (other than children's)	10	0	7000 Uluu St		Barrow	AK	99723
	201800033	BEAVER HEALTH CLINIC	COUNCIL OF ATHABASCAN TI	1205027505	Federally Qualified Health Centers, Indiar	1	0	101 Main St		Beaver	AK	99724
	201800034	Yukon-Kuskokwim Health Corp	Yukon-Kuskokwim Health Corp	1821476599	Indian Health Service, Other ECP Provide	2	0	1260 A Chief Eddie Hoffman Hwy	PO Box 528	Bethel	AK	99559-0528
	201800035	Yukon-Kuskokwim Health Corp	Yukon-Kuskokwim Health Corp	1194845170	Indian Health Service, Other ECP Provide	1	0	5016 Noel Putty Blvd.	PO Box 528	Bethel	AK	99559-0528
	201800036	BETHEL FAMILY CLINIC	BETHEL FAMILY CLINIC	1124078019	Federally Qualified Health Centers	2.5	0	631 Main St		Bethel	AK	99559
	201800037	Yukon-Kuskokwim Delta Region	Yukon-Kuskokwim Health Corp	1063567891	Indian Health Service, Other ECP Provide	167	0	700 Chief Eddie Hoffman Hwy	PO Box 528	Bethel	AK	99559-0528
	201800038	Yukon-Kuskokwim Health Corp	Yukon-Kuskokwim Health Corp	1362562726	Dental Providers	0	21	29 Chief Eddie Hoffman Hwy	Suite 184	Bethel	AK	99559
	201800039	Yukon-Kuskokwim Health Corp	Yukon-Kuskokwim Health Corp	1345486232	Indian Health Service, Other ECP Provide	2	0	829 Chief Eddie Hoffman Hwy	Suite 150	Bethel	AK	99559
	201800040	FRANK TOBIUK SR. HEALTH C	DENA NAHNA HENASH	1821201278	Community Mental Health Centers, Dent.	0.2	0.02	1 Battles Rd		Bettles	AK	99726

To complete the information on the **Facility ECPs** tab, follow the steps in the table below.

Facility ECPs Tab	Steps
Facility Type	Select the appropriate facility type for each ECP. Issuers may select multiple facility types for each ECP, as applicable. If none of the facility type selections apply to the ECP, select 000 OTHER .
Network IDs	Select the network IDs for each ECP. Issuers may select multiple network IDs for each ECP, as applicable. Dual issuers must create separate network IDs for their medical and dental plans.
Number of Medical FTEs or Bed Count	Enter the number of medical full time enrollees (FTEs) that are included in the identified provider networks for each ECP facility with which the issuer has contracted. Allowable medical FTEs include only individuals who hold one of the following licenses to practice medicine: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), and Nurse Practitioner (NP). Decimal values may be entered as appropriate to reflect the contracted number of FTEs. For inpatient hospitals in the network, enter the bed count associated with the contracted inpatient services. Note that the maximum allowable number of FTEs or beds is equal to the available FTEs or beds reported by the respective provider at each site location, as reflected in Column G (<i>Number of Medical FTEs or Bed Count</i>) of the Select ECPs tab.

Facility ECPs Tab	Steps
Number of Dental FTEs	Enter the number of dental FTEs that are included in the identified provider networks for each ECP facility with which the issuer has contracted. Allowable dental FTEs include only individuals who hold one of the following licenses to practice dental medicine: Doctor of Dental Medicine (DMD) and Doctor of Dental Surgery (DDS). Decimal values may be entered as appropriate. Note that the maximum allowable number of FTEs is equal to the available FTEs reported by the respective provider at each site location as reflected in Column H (<i>Number of Dental FTEs</i>) of the Select ECPs tab.

A sample completed **Facility ECPs** tab looks like Figure 1E-3.

Figure 1E-3. Sample Facility ECPs Tab

Remove ECP?	Row Number	National Provider Identifier (NPI)	Facility Name	Facility Type	Provider Name	ECP Category (General ECP Standard Issuers Only)	Street Address
	201805740	1578797494	Bates County Memorial Hospital	Freestanding Cancer Centers, Outpatient Hospital Clinics, 003 Urology, 101 Pediatrics - Routine/Primary Care	FAMILY CARE CLINIC ADRIAN	Rural Health Clinics	102 E Main St
	201805741	1225191752	CROSS TRAILS MEDICAL CENTER	000 OTHER	Cross Trails Medical Center	Dental Providers, Federally Qualified Health Centers	307 W Gabriel St
	201805758	1194945154	SOUTHEAST MISSOURI HEALTH NETWORK	000 OTHER	Bernie Family Medical and Dental Clinic	Dental Providers, Federally Qualified Health Centers	741 S Walnut St
	201805771	1922032549	JOHN FITZGIBBON MEMORIAL HOSPITAL, INC	000 OTHER	GRAND RIVER MEDICAL CLINIC	Rural Health Clinics	815 E Broadway St
	201805772	1174992374	The Health Care Coalition of Lafayette County	Freestanding Cancer Centers, Inpatient Hospitals (other than children's hospitals), 051 Speech Therapy, 054 Orthotics and Prosthetics, 056 Durable Medical Equipment	Live Well Community Health Center Buckner	Dental Providers, Federally Qualified Health Centers	324 S Hudson St
	201805777	1669606588	Bates County Memorial Hospital	033 Urology, 034 Vascular Surgery, 101 Pediatrics - Routine/Primary Care	Nursery Street Family Care Clinic	Rural Health Clinics	617 W Nursery St
	201805790	1104279186	SGOH ACQUISITION, INC.	042 Cardiac Catheterization Services, 043 Critical Care Services - Intensive Care Units (ICU), 044 Outpatient Dialysis	OCH JASPER COUNTY CLINIC-CARTHAGE CAMPUS	Rural Health Clinics	327 E Airport Dr
	201805791	1437251634	Pemiscot Memorial Health Systems	055 Home Health	DOCTOR'S CLINIC	Rural Health Clinics	106 W 12th St
	201805792	1841463551	Pemiscot Memorial Health Systems	Children's Hospitals (inpatient only)	BOOTHHEEL PRIMARY CARE CLINIC CARUTHERSVILLE	Rural Health Clinics	1502 Ward Ave
	201805802	1710075361	Golden Valley Memorial Healthcare	000 OTHER	Golden Valley Memorial Hospital	Inpatient Hospitals (other than children's hospitals)	1600 N 2nd St
	201805804	1245669266	Compass Health, Inc.	000 OTHER	Compas Health - Clinton Clinic	Dental Providers, Federally Qualified Health Centers	1800 Community
	201805805	1689646143	FAMILY HEALTH CENTER OF BOONE COUNTY	000 OTHER	FAMILY HEALTH CENTER OF BOONE COUNTY	Federally Qualified Health Centers	1001 W Worley St
	201805815	1225225675	Ferguson Medical Group	000 OTHER	Ferguson Medical Group-Dexter Clinic	Other ECP Providers, Rural Health Clinics	1516 W Business US
	201805820	1881608685	CEDAR COUNTY MEMORIAL HOSPITAL	000 OTHER	CCMH MEDICAL MALL CLINIC	Rural Health Clinics	1317 S State Highway
	201805822	1669575908	Big Springs Medical Association dba Missouri Highlands Health Care	000 OTHER	BIG SPRINGS MEDICAL ASSOCIATION, INC	Dental Providers, Federally Qualified Health Centers	110 S 2nd St
	201805841	1972050581	SGOH ACQUISITION, INC.	000 OTHER	OCH GOODMAN FAMILY CLINIC	Rural Health Clinics	125 E Main St
	201805850	1649697566	SOUTHEAST MISSOURI HEALTH NETWORK	Dental - General	Hayti Medical Center	Dental Providers, Federally Qualified Health Centers	223 S 3rd St

To complete the information on the **Individual ECPs** tab, follow the steps in the table below.

Individual ECPs Tab	Steps
Physician/Non-Physician	Indicate the type of provider. Choose from the following: <ul style="list-style-type: none"> ◆ Physician—if the provider is a physician practitioner. ◆ Non-Physician—if the provider is a non-physician practitioner.
Specialty Type (area of medicine)	Select the appropriate specialty type for each ECP. Issuers may select multiple specialty types for each ECP, as applicable. If none of the specialty type selections apply to the ECP, select 000 OTHER .
Network IDs	Select the network IDs for each ECP. Issuers may select multiple network IDs for each ECP, as applicable. Dual issuers must create separate network IDs for their medical and dental plans.

Individual ECPs Tab	Steps
Number of Medical FTEs or Bed Count	Enter the number of medical FTEs that are included in the identified provider networks for each ECP facility with which the issuer has contracted. Allowable medical FTEs include only individuals who hold one of the following licenses to practice medicine: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), and Nurse Practitioner (NP). Decimal values may be entered as appropriate to reflect the contracted number of FTEs. Note that the maximum allowable number of FTEs is equal to the available FTEs reported by the respective provider at each site location, as reflected in Column G (<i>Number of Medical FTEs or Bed Count</i>) of the Select ECPs tab.
Number of Dental FTEs	Enter the number of dental FTEs that are included in the identified provider networks for each ECP facility with which the issuer has contracted. Allowable dental FTEs include only individuals who hold one of the following licenses to practice dental medicine: Doctor of Dental Medicine (DMD) and Doctor of Dental Surgery (DDS). Decimal values may be entered as appropriate to reflect the contracted number of FTEs. Note that the maximum allowable number of FTEs is equal to the available FTEs reported by the respective provider at each site location as reflected in Column H (<i>Number of Dental FTEs</i>) of the Select ECPs tab.

A sample completed **Individual ECPs** tab looks like Figure 1E-4.

Figure 1E-4. Sample Individual ECPs Tab

Remove ECP?	Row Number	National Provider Identifier (NPI)	Name of Provider	Physician/Non-Physician	Specialty Type (area of medicine)	Provider Entry Name	ECP Category
	201805748	1760472922	Archie Medical Clinic	Physician	Dental - General	Cass Regional Medical Center dba Archie Medical Clinic	Rural Health Cl
	201805779	1386022002	Compass Health - Butler Medical and Behavioral Health	Physician	000 OTHER	Compass Health	Federally Quali-
	201805781	1053433920	Cainsville Medical Clinic	Physician	Dental - General	NORTHWEST HEALTH SERVICES, INC.	Federally Quali-
	201805789	1386095255	Access Family Care	Non-Physician	Dental - General	Access Family Care	Dental Provider
	201805818	1881730893	Northeast Family Health	Physician	Dental - General	NORTHEAST MISSOURI HEALTH COUNCIL, INC.	Federally Quali-
	201805842	1841312444	Hamilton Medical Clinic	Physician	Dental - General	NORTHWEST HEALTH SERVICES, INC.	Federally Quali-
	201805849	1649697566	Hayti Dental Clinic	Physician	Dental - General	SOUTHEAST MISSOURI HEALTH NETWORK	Dental Provider

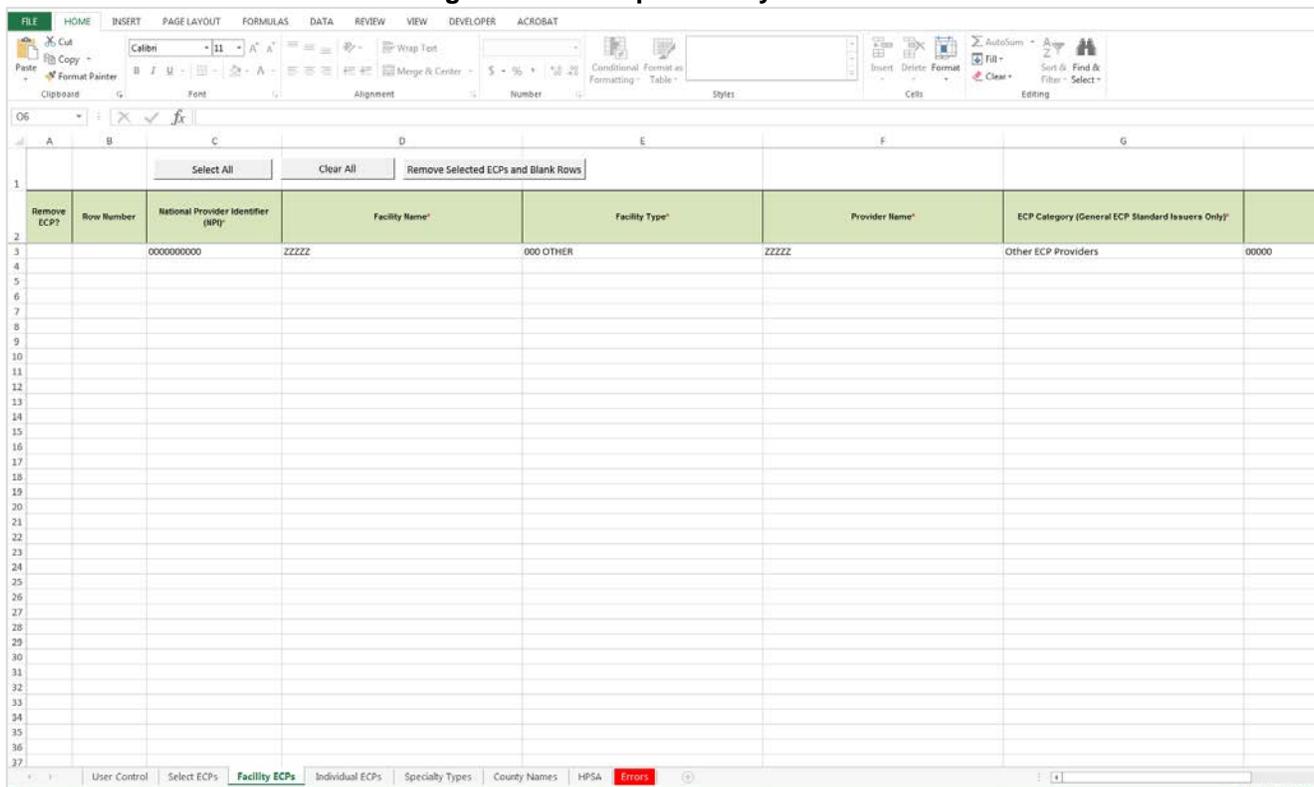
To remove ECPs from the **Facility ECPs** tab or the **Individual ECPs** tab, double-click the record to be deleted in the *Remove ECPs* column. The provider will be highlighted in blue. Click the **Remove Selected ECPs and Blank Rows** button to remove the ECP from the template.

Issuers proposing network(s) without ECPs: If an issuer is proposing network(s) without ECPs, enter the following values in the **Facility ECPs** tab in the ECP/Network Adequacy Template to indicate that there are no ECPs in the network(s) (the issuer must enter this information to proceed with the rest of the application).

<i>Facility ECPs Tab</i>	<i>Steps</i>
Row Number	Leave blank.
NPI	Enter 0000000000 .
Facility Name	Enter ZZZZZ .
Facility Type	Select 000 Other from the drop-down menu.
Provider Name	Enter ZZZZZ .
ECP Category	Select Other ECP Providers .
Street Address	Enter 00000 .
Street Address 2	Leave blank.
City	Enter ZZZZZ .
State	Select the state in which the service area is located from the drop-down menu.
County	Select a county from the drop-down menu.
ZIP Code	Select a ZIP code from the HPSA tab that is in the same state in which the service area is located.
Network IDs	Using the drop-down menu, select the network ID(s) associated with the network that does not have an available ECP.
Number of Medical FTEs or Bed Count	Enter 0 .
Number of Dental FTEs	Enter 0 .

A sample **Facility ECPs** tab for an issuer proposing a network without ECPs is shown in Figure 1E-5.

Figure 1E-5. Sample Facility ECPs Tab



Issuers planning to submit write-in ECPs should complete the ECP Write-in Worksheet. HHS will release the PY2018 Available ECP Write-in List and ECP Write-in Worksheet approximately 2 weeks prior to each QHP certification submission cycle. These documents will be made available at the CCIO website (<https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy>). For general ECP standard issuers, only those providers who are listed on the PY 2018 Available ECP Write-in List will count as a qualified ECP write-in. Alternate ECP standard issuers must also use the ECP Write-in Worksheet to submit their employed or contracted ECPs located in HPSAs or low income zip codes, although CMS would not expect these practitioners to submit an ECP petition for inclusion on the PY 2018 Available ECP Write-in List since they are either employed by the issuer or practice within the issuer’s single contracted medical group.

To complete the information on the ECP Write-in Worksheet, follow the steps in the table below.

<i>ECP Write-in Worksheet</i>	<i>Steps</i>
HIOS ID	Enter the five-digit HIOS issuer ID.
Issuer State	Select the state in which the issuer is applying to offer QHPs.
Is this an Alternate ECP Standard Issuer?	Choose from the following options: <ul style="list-style-type: none"> ◆ Yes—if the user is an alternate ECP standard issuer as described in 45 CFR 156.235(b). ◆ No—if the user is a general ECP standard issuer.

<i>ECP Write-in Worksheet</i>	<i>Steps</i>
Import Network IDs	Click on the Import Network IDs button to import data from the Network ID Template (please refer to Section 2A for detailed instructions on this template). The network IDs will automatically be imported to the write-in worksheet, and you will receive a message indicating that the network IDs were successfully added.
Approved Write-in Row Number	Enter the row number as it appears on the PY 2018 Available ECP Write-in List. For alternate standard issuers reporting ECPs that are not required to submit an ECP provider petition (i.e., providers who are employed by the issuer or practice within the issuer's single contracted medical group, the issuer should enter "NA" in this column.
Provider Name	Enter the provider name as it appears on the PY 2018 Available ECP Write-in List.
Site Name	Enter the site name as is appears on the PY 2018 Available ECP Write-in List.
Organization Name	Enter the organization name as it appears on the PY 2018 Available ECP Write-in List.
NPI	Enter the NPI as it appears on the PY 2018 Available ECP Write-in List.
ECP Category	Select the appropriate ECP Category for each ECP. Multiple ECP Categories for each ECP may be selected, as applicable. If none of the listed menu selections apply to the ECP, select Other ECP Providers .
Number of Medical FTEs or Bed Count	Enter the number of medical FTEs that are included in the identified provider networks for each ECP. Allowable medical FTEs include only individuals who hold one of the following licenses to practice medicine: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), and Nurse Practitioner (NP). Decimal values may be entered as appropriate to reflect the contracted number of FTEs. For inpatient hospitals in the network, enter the bed count associated with the contracted inpatient services.
Number of Dental FTEs	Enter the number of dental FTEs that are included in the identified provider networks for each ECP. Allowable dental FTEs include only individuals who hold one of the following licenses to practice dental medicine: Doctor of Dental Medicine (DMD) and Doctor of Dental Surgery (DDS). Decimal values may be entered as appropriate to reflect the contracted number of FTEs.
Site Street Address 1	Enter the site street address of the contracted provider as it appears on the PY 2018 Available ECP Write-in List.
Site Street Address 2	Enter additional street address information as it appears on the PY 2018 Available ECP Write-in List, as applicable.
Site City	Enter the city as it appears on the PY 2018 Available ECP Write-in List.
Site State	Select the site state from the drop-down list, as it appears on the PY 2018 Available ECP Write-in List.
Site Zip Code	Enter the site ZIP code as it appears on the PY 2018 Available ECP Write-in List. For alternate standard issuers, all ECPs must be in an HPSA or low-income ZIP code.
Site County	Select the site county from the drop-down list, as it appears on the PY 2018 Available ECP Write-in List.
Network ID(s)	Use the drop-down menu to select the network IDs for the networks to which the ECP belongs.
Validate the worksheet	Once all desired write-in ECPs are added to the worksheet, click the Validate button at the top of the worksheet. If there are errors identified, the worksheet will highlight the cells in red. Correct any errors and click Validate again. When all errors are corrected, a message will appear indicating that no validation errors were found.

<i>ECP Write-in Worksheet</i>	<i>Steps</i>
Export the worksheet	<p>Click the Export button at the top of the worksheet. A pop-up message will ask you to “Please select the folder where you would like the ECP write-in file to be saved.” Select the appropriate folder and hit “Select Folder” in the pop-up window. A .txt file containing the information from the ECP Write-in Worksheet is now saved at that location.</p> <p>When ready, submit the .txt file via the ECP/Network Adequacy Issuer Module application section within HIOS as a Supporting Document under the label “ECP Write-in Worksheet” supporting document.</p>

Network Adequacy: We will only be collecting individual and facility provider data from issuers participating in the network breadth pilot project for PY18. **DO NOT** click the Create Facility, Pharmacy, Non-MD/DO Tab button unless you have been notified by email to submit this data.

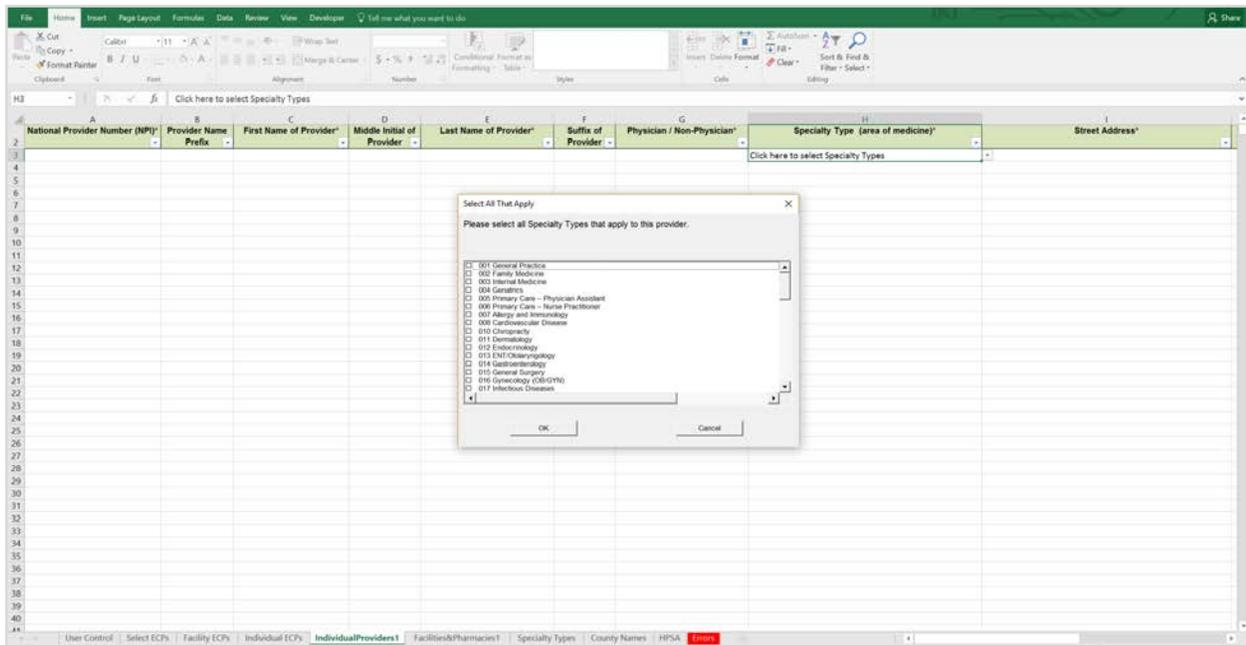
To complete the **Individual Providers** and **Facilities & Pharmacies** tabs, follow the steps in the tables below.

<i>Individual Provider Tab</i>	<i>Steps</i>
National Provider Identifier (NPI) (required)	Enter the provider’s 10-digit NPI in the <i>NPI</i> column. It is very important for CMS to have the proper NPI number for a provider, so please contact the provider directly to acquire it if the NPI is unknown. If the issuer is unable to obtain the provider’s NPI for PY2018, enter 0000000000 (10 zeros) in the NPI field. Also, please ensure the NPI is active in the NPPES database.
Provider Name Prefix	Enter the prefix for the provider, such as “Dr.”
First Name of Provider	Enter the first name of the provider.
Middle Initial of Provider	Enter the middle initial of the provider.
Last Name of Provider	Enter the last name of the provider. If a provider has multiple office locations, each with a unique address, add a number to the provider name to distinguish each location, for example, Provider Name-001.
Suffix of Provider	Enter the provider suffix, as applicable, such as “Jr.” or “Sr.”
Physician/Non-Physician	Indicate the type of provider. Choose from the following options: <ul style="list-style-type: none"> ◆ Physician—if the provider is a physician practitioner. ◆ Non-Physician—if the provider is a non-physician practitioner.
Specialty Type (area of medicine)	<p>From the drop-down menu, select all specialties offered at the identified provider location. If a provider has multiple specialties at the same address, all specialties should be selected in the same record.</p> <ul style="list-style-type: none"> ◆ The template does not allow direct entry into this field; however, issuers may copy and paste data into the template if the specialty type names appear exactly as they appear in the Specialty Types tab data, such as 001 General Practice. If pasted data does not exactly match the specialty type format used in the Individual Providers tab, errors will appear when the data is pasted. ◆ If the issuer would like to enter more than one specialty type for a provider, each specialty type must be separated by a comma and a space. ◆ If the specialty type(s) is not listed in the Specialty Types tab, please select specialty type 000 OTHER from the drop-down menu.
Street Address	Enter the street address of the provider. If the provider has multiple locations, enter each street address in a separate row. DO NOT use a P.O. Box in the address, as these cannot be geocoded for analysis. All providers with a P.O. Box in the address will be excluded from time and distance analysis.
Street Address 2	Enter additional street address information, if applicable.

Individual Provider Tab	Steps
City	Enter the city where the provider is located.
State	Enter the state where the provider is located, or select the state using the drop-down menu.
County	Enter the county where the provider is located, or select the county using the drop-down menu. A list of accepted county names is available on the County Names tab. Do not include the Federal Information Processing Standards (FIPS) code when entering the county name.
ZIP	Enter the ZIP code where the provider is located. ZIP codes must be entered as either a five-digit or a nine-digit code, such as 00000 or 00000-0000.
Network ID	When entering network IDs, assign networks the same IDs as those assigned in the Network ID Template and Plans & Benefits Template. Dual-product issuers must create separate network IDs for their medical and dental plans. Using the drop-down menu, select all network IDs that correspond to the networks in which the provider is included. If a provider is in multiple networks, all networks should be selected in the same record.

A sample **Individual Providers** tab looks like Figure 1E-6.

Figure 1E-6. Sample Individual Providers Tab



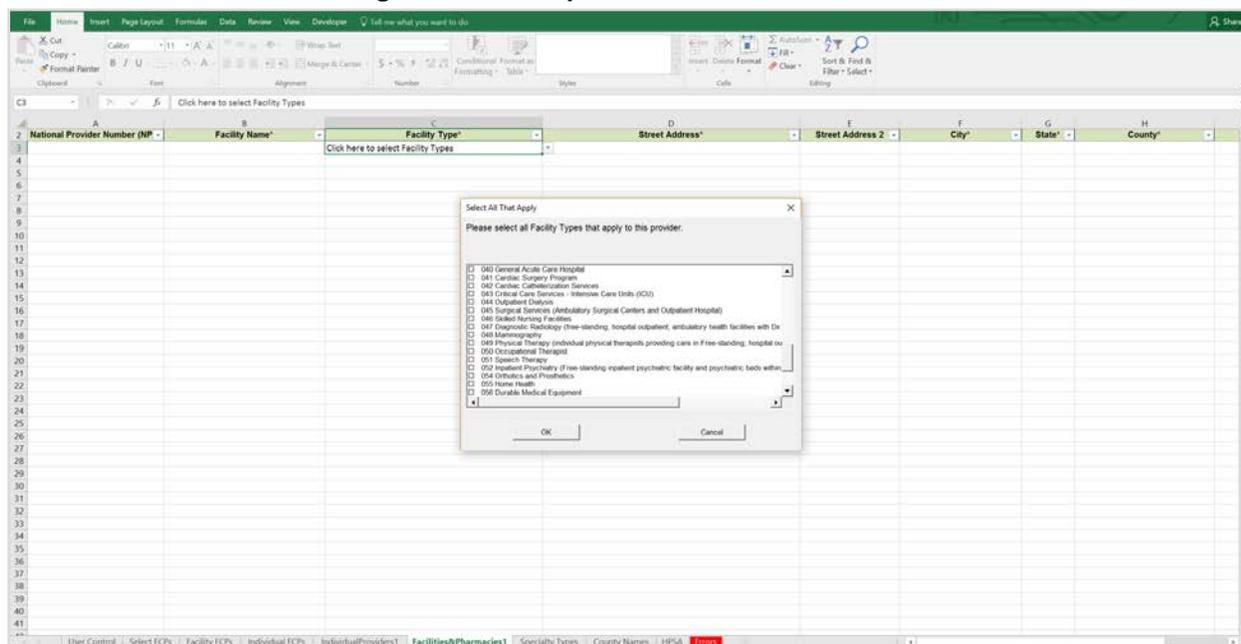
Individual Provider tabs can be removed from the template by using the **Delete** function, which is located in Column P of the **User Control** tab. Note that once a tab is deleted, it cannot be recovered, so it is recommended that the template be saved before tabs are deleted.

Facilities & Pharmacies Tab	Steps
National Provider Identifier (NPI)	Enter the provider's 10-digit NPI. It is very important for CMS to have the proper NPI number for a provider, so please contact the provider directly to acquire it if it is unknown. If the issuer is unable to obtain the provider's NPI for PY2018, enter 0000000000 (10 zeros) in the NPI field. Also, please ensure that the NPI is active in the NPPES database.

Facilities & Pharmacies Tab	Steps
Facility Name	Enter the name of the facility or pharmacy.
Facility Type	<p>From the drop-down menu, select all facility types that apply to the facility location. If a facility has multiple facility types at the same address, then all facility types should be selected in the same record. The accepted facility types are listed on the Specialty Types tab of the template.</p> <ul style="list-style-type: none"> ◆ The template does not allow direct entry into this column; however, issuers may copy and paste data into the template if the facility type names appear exactly as they appear in the Specialty Types tab, such as 040 General Acute Care Hospital. If pasted data does not exactly match the facility type format used in the Facilities & Pharmacies tab, errors will appear when the data is pasted. ◆ If entering more than one facility type, each facility type must be separated by a comma and a space. ◆ If the facility type(s) is not listed in the Specialty Types tab, please select facility type 000 OTHER from the drop-down menu.
Street Address	Enter the street address of the provider. This is the address where the enrollee obtains services, and not the corporate location unless they are the same. If the provider has multiple locations, enter each street address in a separate row. DO NOT use a P.O. Box in the address, as it cannot be geocoded for analysis. All providers with a P.O. Box in the address will be excluded from time and distance analysis.
Street Address 2	Enter additional street address information, as applicable.
City	Enter the city where the provider is located.
State	Enter the state where the provider is located, or select the state using the drop-down menu.
County	Enter the county where the provider is located, or select the county using the drop-down menu. A list of accepted county names is available on the County Names tab. Do not include the FIPS code when entering the county name.
ZIP	Enter the ZIP code where the provider is located. ZIP codes must be entered as either a five-digit or a nine-digit code, such as 00000 or 00000-0000.
Network ID	When entering network IDs, assign networks the same IDs as those assigned in the Network ID Template and Plans & Benefits Template. Dual-product issuers must create separate network IDs for their medical and dental plans. Using the drop-down menu, select all network IDs that correspond to the networks in which the provider is included. If a provider is in multiple networks, all networks should be selected in the same record.

A sample **Facilities & Pharmacies** tab looks like Figure 1E-7.

Figure 1E-7. Sample Facilities & Pharmacies Tab



Reference information is provided in the three tabs listed below:

- **Specialty Types** tab contains the specialty/facility and pharmacy types that can be added into the ECP/Network Adequacy Template.
- **County Names** tab contains the county names that are used and accepted in the ECP/Network Adequacy Template.
- **HPSA** tab contains the HPSA and low-income ZIP codes. The issuer can filter by ZIP code and by state.

The **Errors** tab displays any validation errors identified when a completed ECP/Network Adequacy Template is validated.

1. Column A—Tab: indicates the tab that produced the error.
2. Column B—Cell: indicates the cell location for the specific error and a hyperlink that allows the issuer to navigate to the exact cell in the correct tab.
3. Column C—Validation Error Message: describes the error.

Once the ECP/Network Adequacy Template is completed, issuers must validate, finalize, and upload it into HIOS.

Template Validation	Steps
Validate Template	Click the Validate Data button on the User Control tab. The validation process identifies any data issues that need to be resolved. If no errors are identified, finalize the template.
Errors	If the template has any errors, they will appear on the Errors tab showing the data element and cell location of each error. Correct any identified errors, and click Validate again. Continue this process until all errors are resolved.
Create Documents	Click the Create Documents button on the User Control tab. This function will create a separate .XML file for each tab in the workbook. All of the separate files will be compressed into one zip file, which will need to be uploaded in the ECP/Network Adequacy section of the Issuer Module in the QHP Application System.

Template Validation	Steps
Save Template	Save the .XML files and template. CMS recommends that the issuer save the validated template on its computer as a standard Excel.XLSM file and the finalized .XML file in the same folder.
Upload Template	Upload the saved files in the ECP/Network Adequacy section of the Issuer Module in the QHP Application System. Refer to the Issuer Module User Guide for details on how to complete this.

Supporting Documents

General ECP Standard Issuers Supplemental ECP Response Form and Justification	<ul style="list-style-type: none"> ◆ An issuer needs to submit an ECP supplemental response form if <u>one of the following applies</u>: <ul style="list-style-type: none"> ▪ The issuer does not contract with at least 20 percent of the available ECPs in each applicable service area. ▪ The issuer does not offer a contract in good faith to all Indian health care providers in each plan's service area for the respective QHP certification plan year, applying the special terms and conditions required by federal law and regulations as referenced in the recommended model QHP Addendum for Indian Health Care Providers developed by HHS, available at https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy. ▪ The issuer does not offer a contract in good faith to at least one ECP in each available ECP category in each county in the service area for the respective QHP certification plan year. ◆ The issuer should include its HIOS Issuer ID followed by "ecpsupplementalresponse" and the date in the ECP supplemental response file name. For example: 12345_ecpsupplementalresponse_20170601.
Alternate ECP Standard Issuers Supplemental ECP Response Form and Justification	<p>An issuer needs to submit an ECP supplemental response form if <u>one of the following applies</u>:</p> <ul style="list-style-type: none"> ◆ The issuer does not include in each plan network at least the equivalent of 20 percent of available ECPs in each plan service area, and these providers are located within HPSAs or ZIP codes in which 30 percent or more of the population falls below 200 percent of the federal poverty line (FPL). ◆ The issuer does not offer an integrated delivery system that provides all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offer a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area that can provide those services to low-income, medically underserved individuals (not applicable to SADP applicants). <p>The issuer should include its HIOS Issuer ID followed by "ecpsupplementalresponse" and the date in the ECP supplemental response file name. For example: 12345_ecpsupplementalresponse_20170601.</p>
Cover Sheet and Access Plan	<p>QHPs and SADPs that need to submit access plans will be notified directly by email. These issuers will be required to submit a Cover Sheet and Access Plans that addresses the 11 areas below. The Cover Sheet must include page references to each of the 11 areas in the Access Plan.</p> <ol style="list-style-type: none"> 1. The health carrier's network, including how the use of telemedicine or tele health or other technology may be used to meet network access standards, if applicable; 2. The health carrier's procedures for making and authorizing referrals within and outside its network, if applicable; 3. The health carrier's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of populations that enroll in network plans; 4. The factors used by the health carrier to build its provider network, including a description of the network and the criteria used to select [and/or tier] providers;

Supporting Documents

5. The health carrier's efforts to address the needs of covered persons, including, but not limited to children and adults, including those with limited English proficiency or illiteracy, diverse cultural or ethnic backgrounds, physical or mental disabilities, and serious, chronic or complex medical conditions. This includes the carrier's efforts, when appropriate, to include various types of ECPs in its network;
6. The health carrier's methods for assessing the health care needs of covered persons and their satisfaction with services;
7. The health carrier's method of informing covered persons of the plan's covered services and features, including but not limited to:
 - a. The plan's grievance and appeals procedures;
 - b. Its process for choosing and changing providers;
 - c. Its process for updating its provider directories for each of its network plans;
 - d. A statement of health care services offered, including those services offered through the preventive care benefit, if applicable; and
 - e. Its procedures for covering and approving emergency, urgent and specialty care, if applicable;
8. The health carrier's system for ensuring the coordination and continuity of care:
 - a. For covered persons referred to specialty physicians; and
 - b. For covered persons using ancillary services, including social services and other community resources, and for ensuring appropriate discharge planning;
9. The health carrier's process for enabling covered persons to change primary care professionals, if applicable;
10. The health carrier's proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers, or in the event of the health carrier's insolvency or other inability to continue operations. The description shall explain how covered persons will be notified of the contract termination, or the health carrier's insolvency or other cessation of operations, and transitioned to other providers in a timely manner;
11. The health carrier's process for monitoring access to physician specialist services in emergency room care, anesthesiology, radiology, hospitalist care and pathology/laboratory services at their participating hospitals.

Note: It is recommended the Cover Sheet be include in front of the Access Plan and submitted as one file. In this case the file name for Access Plans should be the HIOS Issuer ID followed by "Access Plan" and any additional information deemed appropriate. For example, 12345_Access_Planv3. If a Cover Sheet is submitted as a separate file from the Access Plan the file name should be Issuer ID followed by "Access Plan Cover Sheet" and any additional information deemed appropriate. For example, 12345_Access_Plan_Cover_Sheetv3.