

Qualified Health Plan Issuer Application Instructions

2022

**Extracted section:
Section 1E: Essential Community Providers/Network Adequacy**

[02/2021]

Section 1E: Essential Community Providers/Network Adequacy

1. Introduction

In the Essential Community Providers (ECP)/Network Adequacy section, you demonstrate that you have a sufficient number and geographic distribution of ECPs and submit provider data in each network associated with a QHP (Figure 1E-1).

The instructions for this section apply to the following issuer types:

- QHP
- SADP

See Appendix E for additional information.

2. Data Requirements

To complete this section, compile the following:

1. HIOS Issuer ID
2. Issuer state
3. Completed Network ID Template
4. If completing the network adequacy portion 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 the provider name, National Provider Identifier (NPI), specialty and facility type, street address of the location providing services, city, state, county, and ZIP Code
Note: You only need to populate the network adequacy sections of the template if we notify you by email that you must provide them.
5. A list of ECPs in each of the proposed networks, including the provider name, NPI, ECP category, street address of the 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)
9. Network Adequacy Access Plan with Cover Sheet (only if you are notified by email that you must submit access plans).

3. Quick Reference

Key Changes for 2022

- ◆ You will select a “dummy” provider record (ECP reference number ZZ-000001) embedded within the Select ECPs tab of your ECP/Network Adequacy Template to define a network without providers, rather than manually entering a “dummy” record as instructed in previous years. This “dummy” provider record appears as the last provider within the Select ECPs tab of the ECP/Network Adequacy Template. Only select this “dummy” provider record if you meet one of the following criteria:
 - You operate in a service area in which there are no available ECPs on the Final PY2022 HHS ECP List.
 - You operate an integrated health care delivery system that provides professional health care services exclusively through physicians you employ directly or through a single contracted medical group that does not include any providers on the Final PY2022 HHS ECP List. In this case, you must instead include a list of your providers on the ECP Write-in Worksheet that must be submitted along with the ECP/Network Adequacy Template.
 - You rely exclusively on the Final PY2022 List of Available ECP Write-ins or have not yet recruited ECPs to participate in your network and are unable to include any providers on the Final PY2022 HHS ECP List.

Tips for the ECP/Network Adequacy Section

General

- ◆ Complete the Issuer Information section on the User Control tab before creating and entering data into the other tabs.

Tips for the ECP/Network Adequacy Section

- ◆ Do not change the file names on ECP/Network Adequacy files after finalizing the template. This file-naming convention helps us identify your ECP/Network Adequacy Template. If you change the file name, we may issue a correction.
- ◆ Complete the Network ID Template before completing the ECP/Network Adequacy Template.

ECP

- ◆ Provide hospital bed-count information as part of the ECP portion of your ECP/Network Adequacy Template.
- ◆ You will be evaluated against a 20 percent ECP standard.
- ◆ If you score below the 20 percent ECP standard using the ECP tool to calculate your score, you should continue making efforts to recruit additional providers to your networks while concurrently completing the ECP Supplemental Response Form to describe those ongoing recruitment efforts.
- ◆ The Available ECP Write-in List for the PY2022 QHP certification process will be made available within the rolling [Draft PY2023 ECP List](#).

Network Adequacy

- ◆ Unless you have been notified by email that you are issuing a Medical QHP in a network breadth pilot state, you are not required to submit network adequacy data (Individual Providers or Facilities & Pharmacies) via the ECP/Network Adequacy Template.
- ◆ If you are notified by email that you must complete the network adequacy sections of the ECP/Network Adequacy Template, submit all providers in the network, including ECP providers, in the Individual Providers and Facilities & Pharmacies tabs. ECP providers must be included even if previously submitted in the ECP tabs. Include providers in another state that are part of the network but may be within the time and distance allowed for reasonable access.
- ◆ We will not request network adequacy justifications.
- ◆ If we require you to submit an Access Plan with Cover Sheet, we will notify you by email. Upload access plans as supporting documents, as specified in the Supporting Documents table at the end of this section.

Additional Resources

- ◆ There are [supporting documents](#) for this section.
- ◆ There are [instructional videos](#) for this section.
- ◆ There are [templates](#) for this section.

4. Detailed Section Instructions

The ECP/Network Adequacy section of the HIOS Issuer Module contains two questions (the numbering corresponds to the HIOS screens). You must respond to all attestations in the Issuer Module.

ECP/Network Adequacy Question 1

<p>Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the annual Letter to Issuers)?</p>	<p>To meet the General ECP Standard, the applicant has:</p> <ul style="list-style-type: none"> ◆ contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; ◆ 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 ◆ 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). 	<p>To meet the Alternate ECP Standard, the applicant has:</p> <ul style="list-style-type: none"> ◆ contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network and ◆ 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).
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ECP/Network Adequacy Question 1 Response	
Yes	Answer Yes if you meet the ECP requirements listed above.
No	Answer No if you do <u>not</u> meet the ECP requirements listed above. If you answer No , you are required to submit a supplemental ECP response.

ECP/Network Adequacy Question 2	
Does the applicant use a provider network (and is therefore required to submit an ECP/Network Adequacy Template)?	<p>Answer Yes if you are required to upload an ECP/Network Adequacy Template.</p> <p>Answer No if you are <u>not</u> required to upload an ECP/Network Adequacy Template.</p>

Figure 1E-1. ECP/Network Adequacy Application Section

Essential Community Providers

* 1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; 2) 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 3) 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). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; and (2) 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).

Upload an ECP supplemental response justification if you respond No to this question.

Yes No

Network Adequacy

* 2. Does the applicant use a provider network?

Upload an ECP/NA template if you respond Yes to this question.

Yes No

ECP/Network Adequacy Files Upload

To upload the ECP / Network Adequacy zip file, click on Browse File and select the file you want to upload and click the Upload button to submit the file.

- The template will allow the applicant to identify each provider network it intends to utilize for its QHPs and to select each ECP with which it has executed a contract in each network.
- The applicant may also write in additional ECPs if these ECPs do not appear on the HHS list of ECPs and meet the definition of an ECP as set forth in 155 CFR 156.235(c) and the ECP write-in criteria referenced in the Letter to Issuers in the Federally-Facilitated Exchange.
- The applicant should identify any network that is different for its individual and small group market as a separate network.

Use the ECP/Network Adequacy Template to identify each provider (ECP or Network Adequacy) and any networks to which it belongs. Download the ECP/Network Adequacy Template and save a copy of the template to your local machine. Ensure macros are enabled before completing the ECP/Network Adequacy Template. Complete all required fields, which are identified with an asterisk (*).

See Figure 1E-2 for a sample completed User Control tab.

participating in the continued network breadth pilot project for PY2022. Do not click **Create Facility, Pharmacy, Non-MD/DO Tab** unless you have been notified by email to submit these data. Note: When populating these tabs, submit all providers in the network, including ECP providers, even if you have also submitted them in the ECP tabs.

Import Network IDs: Click **Import Network IDs** to import data from the Network ID Template (please refer to Section 2A: Network ID for detailed instructions on this template). Once the Network ID Template is imported, it will automatically populate networks into the *Network IDs* field as a drop-down menu in the Facility ECPs, Individual ECPs, Individual Providers, and Facilities & Pharmacies tabs.

ECPs:

Select ECPs Tab	Steps
Filter ECPs	You can filter the columns in the Select ECPs tab to make selecting ECPs easier. For example, you might filter the Site State column to show only ECPs available in your state or filter Column F (ECP Category) to display only dental providers if you are an SADP-only issuer.
Add ECPs	<p>Double-click anywhere on the row for the ECPs you want to add to the ECP tabs. Once selected, the row will be highlighted in blue and add will appear in <i>Add ECP?</i> 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 a second time. The blue highlighting will be removed, and the ECP will not be added to the ECP tabs. ◆ To clear <u>all</u> selected ECPs, click Clear All at the top of the tab. All highlighted ECPs will be deselected and will not be added to the ECP tabs. ◆ To show only ECPs that have been selected, click Show Selected ECPs at the top of the tab. To show all ECPs, click Show All ECPs.
Insert ECPs	<ul style="list-style-type: none"> ◆ Click Insert Selected ECPs. The selected ECPs will be added to the Facility ECPs tab (providers with more than one full-time-equivalent [FTE] practitioner in the Number of Medical FTEs and the Number of Dental FTEs and more than one inpatient hospital bed in the Hospital Bed Count) or 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. You must complete any field within the Facility ECPs tab and Individual ECPs tab that is not populated from the Select ECPs tab before submitting the template. ◆ 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 Code, county, and ECP category. ◆ 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 Code, county, and ECP category.

See Figure 1E-3 for a sample Select ECPs tab.

Figure 1E-3. Sample Select ECPs Tab

A	B	C	D	E	F	G	H	I	J
Show All ECPs		Clear All		Show Selected ECPs		Insert Selected ECPs		To show all ECPs, press the 'Show All ECPs' button or Ctrl + Shift To select an ECP, navigate to the corresponding row in the 'Add ECPs' tab To clear all selected ECPs, press the 'Clear All' button or Ctrl + Shift To show selected ECPs, press the 'Show Selected ECPs' button To insert selected ECPs, press the 'Insert Selected ECPs' button	
Add ECP?	Row Number	Site Name	Organization Name	National Provider Identifier	ECP Category (General ECP Standard Issuers Only)	Hospital Bed Count	Number of Medical FTEs	Number of Dental FTEs	Site Street Address 1
	CO-001999	Peak Vista Community Health Center	PEAK VISTA COMMUNITY HEALTH C	1619224987	Federally Qualified Health Centers	0	1	0	12050 Falcon Hwy
ADD	CO-002000	GRAND AVENUE HOMELESS CLINIC	PUEBLO COMMUNITY HEALTH CEN	1144589425	Federally Qualified Health Centers	0	1	0	1008 N Grand Ave
	CO-002001	Pueblo City and County Health Dep	Pueblo City and County Health Dep	1245228022	Family Planning Providers, Sexually Transmitt	0	2	0	101 W 9th St
ADD	CO-002002	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1396098828	Federally Qualified Health Centers	0	1	0	1050 35th Ln
	CO-002003	PARK HILL CLINIC	PUEBLO COMMUNITY HEALTH CEN	1164468336	Federally Qualified Health Centers	0	9	0	1302 E 5th St
ADD	CO-002004	O'ROURKE DENTAL CLINIC	PUEBLO COMMUNITY HEALTH CEN	1245275932	Dental Providers	0	0	7	2030 Lake Ave
	CO-002005	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1700139813	Federally Qualified Health Centers	0	1	0	216 E Orman Ave
ADD	CO-002006	Centennial HS SBWC	PUEBLO COMMUNITY HEALTH CEN	1720432610	Federally Qualified Health Centers	0	1	0	2525 Mountview Dr
	CO-002007	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1770529550	Federally Qualified Health Centers	0	26	0	300 Colorado Ave
ADD	CO-002008	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1013261023	Federally Qualified Health Centers	0	1	0	625 N Monument Ave
	CO-002009	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1649524653	Federally Qualified Health Centers	0	1	0	9 Macneil Rd
ADD	CO-002010	Pueblo Community College Health C	PUEBLO COMMUNITY HEALTH CEN	1316466816	Federally Qualified Health Centers	0	1	0	900 W Orman Ave
	CO-002011	Rangely District Hospital	Rangely Hospital District	1063430346	Inpatient Hospitals (other than children's hos)	18	0	0	225 Eagle Crest St
ADD	CO-002012	Rangely Family Medicine	Rangely District Hospital	1730108747	Dental Providers, Family Planning Providers, F	0	4	1	225 Eagle Crest St
	CO-002013	MOUNTAIN FAMILY HEALTH CENTE	MOUNTAIN FAMILY HEALTH CENTE	1578862983	Dental Providers, Federally Qualified Health C	0	2.75	2.5	195 W 14th
	CO-002014	Grand River Health	Grand River Health	1649218991	Inpatient Hospitals (other than children's hos)	12	0	0	501 Airport Rd
	CO-002015	Grand River Primary Care	Grand River Health Primary Care	1124074042	Rural Health Clinics	0	25	0	501 Airport Rd

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

Facility ECPs Tab	Steps
Network IDs	Select the network IDs for each ECP. You may select multiple network IDs for each ECP, as applicable. If you are a dual-product issuer, you must create separate network IDs for your medical and dental plans.
Hospital Bed Count	Enter the number of inpatient hospital beds reported by each provider at each site location, as reflected in Column G (Hospital Bed Count) of the Select ECPs tab.
Number of Medical FTEs	Enter the number of medical FTEs that are included in the identified provider networks for each ECP facility with the issuer you have 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 provider at each site location, as reflected in Column H (Number of Medical FTEs) 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 you have 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 provider at each site location, as reflected in Column I (Number of Dental FTEs) of the Select ECPs tab.

See Figure 1E-4 for a sample completed Facility ECPs tab.

Figure 1E-5. Sample Individual ECPs Tab

Remove ECP?	Row Number	National Provider Identifier (NPI)	Name of Provider	Physician/Non Physician*	Specialty Type (area of medicine)*	Provider Entity
	CO-002000	1144589425	GRAND AVENUE HOMELESS CLINIC			PUEBLO COMMUNITY HEALTH CENTER
	CO-002002	1396098828	Pueblo Community Health Center			PUEBLO COMMUNITY HEALTH CENTER
	CO-002006	1720432610	Centennial HS SBWC			PUEBLO COMMUNITY HEALTH CENTER
	CO-002008	1013261023	Pueblo Community Health Center			PUEBLO COMMUNITY HEALTH CENTER
	CO-002010	1316466816	Pueblo Community College Health Clinic			PUEBLO COMMUNITY HEALTH CENTER

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 **Remove Selected ECPs and Blank Rows** to remove the ECP from the template.

Proposing networks without ECPs: If you are proposing networks without ECPs, you will follow a new process starting in PY2022. From the Select ECP tab, scroll to the end of the list to the record identified as “ZZ-000001” and double click anywhere in this row to add the dummy record to the Facility ECPs tab. Then enter the values in Table 1E-1 in the Facility ECPs tab to complete the dummy record entry as shown in Figure 1E-6.

Table 1E-1. Dummy Data Information

Facility ECPs Tab	Steps
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 health professional shortage area (HPSA) tab that is in the same state in which the service area is located.
Network IDs	Using the drop-down menu, select any network IDs associated with the network that does not have an available ECP.

Figure 1E-6. Sample Dummy Record

Remove ECP?	Row Number	National Provider Identifier (NPI)	Facility Name	Provider Name	ECP Category (General ECP Standard Issuers Only)*	Provider Entity
	ZZ-000001	0000000000	ZZZZZ	ZZZZZ	Other ECP Providers	00000

Note: Issuers planning to submit write-in ECPs should complete the ECP Write-in Worksheet.

HHS will release the PY2022 Available ECP Write-in List and ECP Write-in Worksheet approximately 2 weeks before each QHP certification submission cycle. These documents will be made available at the [QHP certification website](#). The available ECP Write-in List for purposes of the PY2022 QHP certification process will also be made available within the rolling [Draft PY2023 ECP List](#). If you are a General ECP Standard issuer, you may only write in providers on the PY2022 Available ECP Write-in List.

If you are an Alternate ECP Standard issuer, use the ECP Write-in Worksheet to submit your employed or contracted ECPs located in HPSAs or low-income ZIP Codes. We do not expect these practitioners to submit an ECP petition to be included on the Available ECP Write-in List because such practitioners are either your employees or a single contracted medical group and typically are unavailable to contract with other issuers.

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

ECP Write-in Worksheet	Steps
HIOS ID	Enter the five-digit HIOS Issuer ID.
Issuer State	Select the state in which you are applying to offer QHPs.
Is this an Alternate ECP Standard Issuer?	Choose from the following: <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.
Import Network IDs	Click Import Network IDs to import data from the Network ID Template (please refer to Section 2A: Network ID 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 PY2022 Available ECP Write-in List. For Alternate ECP Standard issuers reporting ECPs that are not required to submit an ECP provider petition (providers who are employed by the issuer or a single contracted medical group), enter “N/A” in this column.
Provider Name	Enter the provider name as it appears on the PY2022 Available ECP Write-in List.
Site Name	Enter the site name as it appears on the PY2022 Available ECP Write-in List.
Organization Name	Enter the organization name as it appears on the PY2022 Available ECP Write-in List.
NPI	Enter the NPI as it appears on the PY2022 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 .
Hospital Bed Count	Enter the number of inpatient hospital beds reported by the identified provider for each ECP.
Number of Medical FTEs	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: MD, DO, PA, and NP. Decimal values may be entered as appropriate to reflect the contracted number of FTEs.
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: DMD and 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 PY2022 Available ECP Write-in List.
Site Street Address 2	Enter additional street address information as it appears on the PY2022 Available ECP Write-in List, as applicable.
Site City	Enter the city as it appears on the PY2022 Available ECP Write-in List.

ECP Write-in Worksheet	Steps
Site State	Select the site state from the drop-down list, as it appears on the PY2022 Available ECP Write-in List.
Site ZIP Code	Enter the site ZIP Code as it appears on the PY2022 Available ECP Write-in List. For Alternate ECP 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 PY2022 Available ECP Write-in List.
Network IDs	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 Validate at the top of the worksheet. The worksheet will highlight cells with errors in red. Correct any errors and click Validate again. Repeat until a message appears indicating that no validation errors were found.
Export the worksheet	Click Export 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 click Select Folder in the pop-up window to save a .txt file containing the information from the ECP Write-in Worksheet at that location. When ready, submit the .txt file via the ECP/Network Adequacy section within the Issuer Module in HIOS as a Supporting Document labeled “ECP Write-in Worksheet.”

Network Adequacy: We will only collect individual and facility provider data from issuers participating in the continued network breadth pilot project for PY2022. If your state has advised you to provide these data to them, please follow your state guidelines. Do not click **Create Facility, Pharmacy, Non-MD/DO Tab** unless you are a medical issuer and we notify you by email to submit these data.

To complete the Individual Providers and Facilities & Pharmacies tabs, follow the steps in the tables below. Note: Include a list of all the providers in each of the proposed networks even if they are outside of the immediate geographic area (such as in contiguous counties or states) and ECP providers, even if they are also included in the ECP tabs.

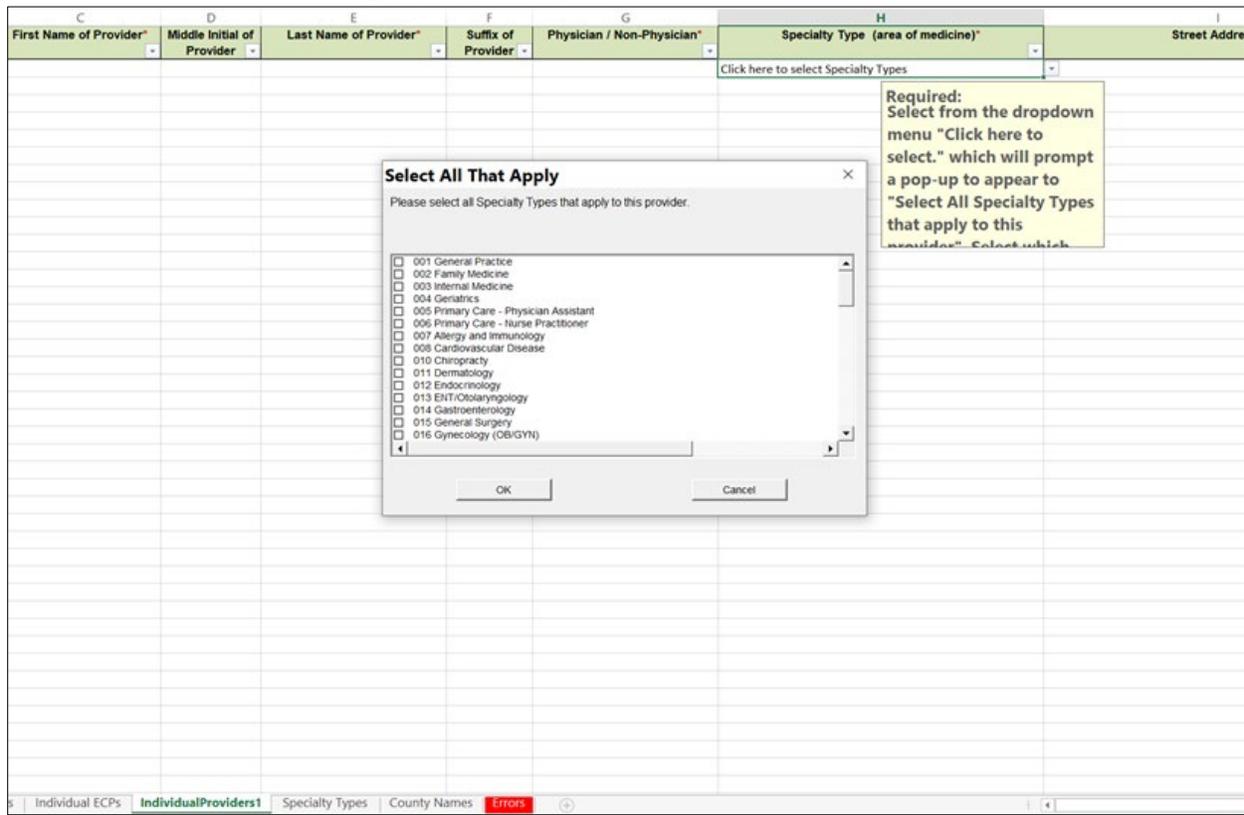
When performing data integrity checks, we use the provider’s primary taxonomy code in the National Plan & Provider Enumeration System (NPPES) database and compare it to the issuer provided Specialty Type. If the primary taxonomy code in NPPES does not align with one of the specialty codes for which a network breadth rating is calculated (Hospital, Primary Care Physician, or Pediatric Primary Care Physician), it will not be included in the calculation. Issuers are encouraged to work with providers to ensure their primary taxonomy code is aligned to the Specialty Type in the submitted template.

Individual Providers Tab	Steps
NPI (required)	Enter the provider’s 10-digit NPI in the NPI column. Contact the provider directly to acquire their NPI if you do not know it. If you are unable to obtain the provider’s NPI for PY2022, enter 0000000000 (10 zeros) in the NPI field. Ensure the NPI is active in NPPES.
Provider Name Prefix	Enter the prefix for the provider, such as “Dr.”
First Name of Provider	Enter the provider’s first name.
Middle Initial of Provider	Enter the provider’s middle initial.
Last Name of Provider	Enter the provider’s last name. If a provider has multiple office locations, each with a unique address, add a number to the provider’s last name to distinguish each location, for example, Last Name-001.
Suffix of Provider	Enter the provider suffix, as applicable, such as “Jr.” or “Sr.”

Individual Providers 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)	From the drop-down menu, select all specialties offered at the identified provider location. If a provider has multiple specialties at the same address, select all specialties in the same record. <ul style="list-style-type: none"> ◆ The template does not allow direct entry into this field. However, you may copy and paste data into the template if the specialty type names match how they appear in the Specialty Types tab data, such as 001 General Practice. Errors will appear if pasted data do not exactly match the specialty type format used in the Individual Providers tab. ◆ If you 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 is not listed in the Specialty Types tab, please select specialty type 000 OTHER from the drop-down menu.
Street Address	Enter the provider's street address. If the provider has multiple locations, enter each street address in a separate row. <u>Do not</u> use a PO box in the address, because it cannot be geocoded for analysis. All providers with a PO box in the address will be excluded from time and distance analysis.
Street Address 2	Enter additional street address information, if 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 Federal Information Processing Standards (FIPS) code when entering the county name.
ZIP	Enter the ZIP Code where the provider is located. ZIP Codes must include either five (12345) or nine (12345-6789) digits.
Network ID	When entering network IDs, use the same network IDs as those assigned in the Network ID Template and the Plans & Benefits Template. If you are a dual-product issuer, you must create separate network IDs for your 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, select all networks in the same record.

See Figure 1E-7 for a sample Individual Providers tab.

Figure 1E-7. Sample Individual Providers Tab



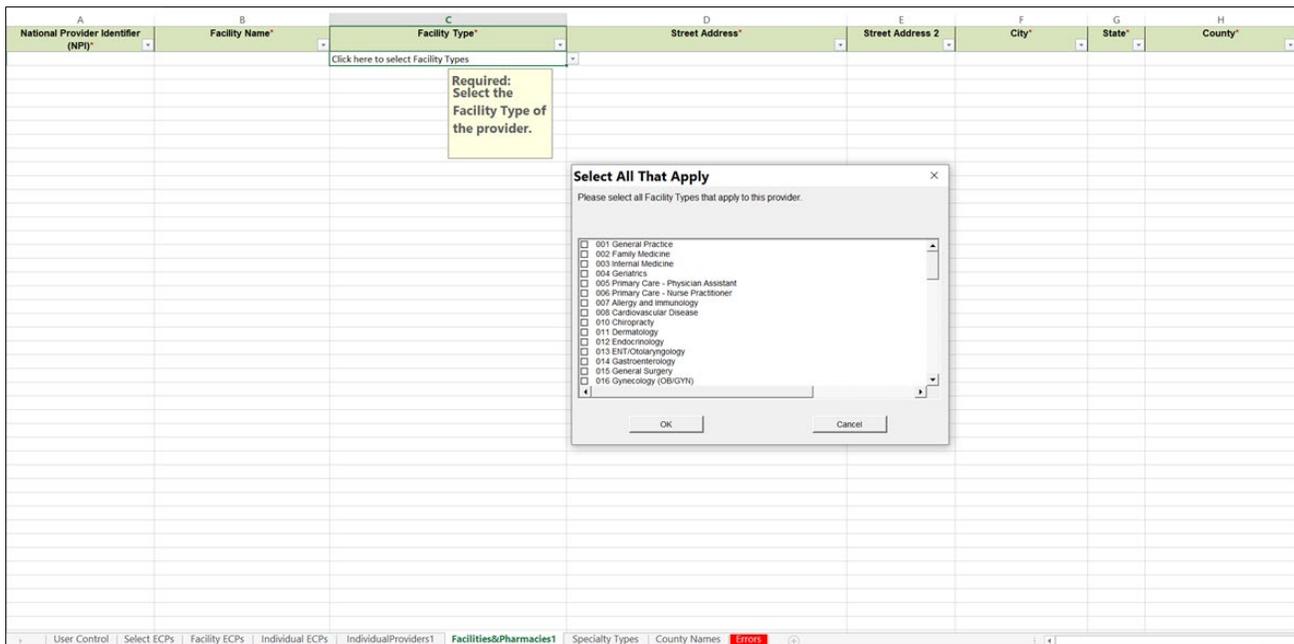
Individual Provider tabs can be removed from the template by using the **Delete** function, located in Column P of the User Control tab. Note that once a tab is deleted, it cannot be recovered, so save the template before deleting tabs.

Facilities & Pharmacies Tab	Steps
NPI	Enter the provider's 10-digit NPI. Contact the provider directly to acquire their NPI if you do not know it. If you are unable to obtain the provider's NPI for PY2022, enter 0000000000 (10 zeros) in the NPI field. Ensure that the NPI is active in the NPPES database.
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. You may copy and paste data into the template if the facility type names match in the Specialty Types tab, such as 040 General Acute Care Hospital. Errors will appear if pasted data do not exactly match the facility type format used in the Facilities & Pharmacies tab. ◆ If entering more than one facility type, each facility type must be separated by a comma and a space. ◆ If the facility type is not listed in the Specialty Types tab, please select facility type 000 OTHER from the drop-down menu.
Street Address	Enter the provider's street address. This is the address where an enrollee will obtain services and not the provider's corporate location unless the addresses are the same. If the provider has multiple locations, enter each street address in a separate row. <u>Do not</u> use a PO box in the address because it cannot be geocoded for analysis. All providers with a PO box in the address will be excluded from time and distance analysis.
Street Address 2	Enter additional street address information, as applicable.

Facilities & Pharmacies 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 FIPS code when entering the county name.
ZIP	Enter the ZIP Code where the provider is located. ZIP Codes must include either five (12345) or nine (12345-6789) digits.
Network ID	When entering network IDs, use the same network IDs as those assigned in the Network ID Template and Plans & Benefits Template. <u>If you are a dual-product issuer, you must create separate network IDs for your medical and dental plans.</u> 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, select all networks in the same record.

See Figure 1E-8 for a sample Facilities & Pharmacies tab.

Figure 1E-8. Sample Facilities & Pharmacies Tab



Reference information is provided in the three tabs listed below:

- The Specialty Types tab contains the specialty/facility and pharmacy types that can be added into the ECP/Network Adequacy Template.
- The County Names tab contains the county names that are used and accepted in the ECP/Network Adequacy Template.

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 creates 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 you complete the ECP/Network Adequacy Template, you must validate, finalize, and upload it into HIOS.

Template Validation	Steps
Validate Template	Click Validate on the User Control tab. The validation process identifies any data issues that need to be resolved. If no errors are identified you will receive the message “No validation errors were identified. Validation is complete,” indicating you may finalize the template.
Errors	Errors will appear on the Errors tab, which shows the data element, cell location, and the validation error message of each error. Correct any identified errors and click Validate again. Repeat until all errors are resolved.
Create Documents	Once all validations are complete, click Create Documents on the User Control tab to create a separate .XML file for each tab in the workbook and compress all files into one .zip file. Upload the .zip file into the ECP/Network Adequacy section of the Issuer Module in HIOS.
Save Template	Save the .XML files and template. We recommend you save the validated template as a standard Excel .XLSM file in the same folder as the finalized .XML files for easier reference.
Upload Template	Upload the saved .XML files in the ECP/Network Adequacy section of the Issuer Module in HIOS. Refer to 1. Issuer Module for guidance.

After uploading the necessary ECP/Network Adequacy file, you may need to upload supporting documentation. These documents must be labeled using the drop-down menu designations (**Network Adequacy Access Plan with Cover Sheet, Supplemental ECP Response – Health, Supplemental ECP Response – Dental, ECP Write-In Worksheet, or Other**).

Figure 1E-9. Uploading Supporting Documentation

Supporting Documents	Steps
General ECP Standard Issuers Supplemental ECP Response Form and Justification	<ul style="list-style-type: none"> ◆ You must submit an ECP supplemental response form if any <u>one of the following applies</u>: <ul style="list-style-type: none"> ▪ You do not contract with at least 20 percent of the available ECPs in each applicable service area. ▪ You do 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. ▪ You do 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.

Supporting Documents	Steps
	<ul style="list-style-type: none"> ◆ Include your HIOS Issuer ID followed by “ecpsupplementalresponse” and the date in the ECP supplemental response file name (for example, 12345_ecpsupplementalresponse_20200601).
<p>Alternate ECP Standard Issuers Supplemental ECP Response Form and Justification</p>	<ul style="list-style-type: none"> ◆ You must submit an ECP supplemental response form if any <u>one of the following applies</u>: <ul style="list-style-type: none"> ▪ You do not include in each plan network at least 20 percent of available ECPs in each plan service area, with providers located within HPSAs or ZIP Codes in which 30 percent or more of the population falls below 200 percent of the federal poverty line. ▪ You do 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 in each available ECP category in each county in the plan’s service area (not applicable to SADP applicants). ◆ Include your HIOS Issuer ID followed by “ecpsupplementalresponse” and the date in the ECP supplemental response file name (for example, 12345_ecpsupplementalresponse_20200601).
<p>Network Adequacy Cover Sheet and Access Plan</p>	<p>If we notify you by email that your QHPs and SADPs must submit access plans, submit a Cover Sheet and Access Plan that addresses the 11 areas below. The Cover Sheet must provide page numbers for each of the 11 areas in the Access Plan:</p> <ol style="list-style-type: none"> 1. Your network, including how the use of telemedicine or telehealth or other technology may be used to meet network access standards, if applicable. 2. Your procedures for making and authorizing referrals within and outside your network, if applicable. 3. Your process for monitoring and ensuring 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 you use to build your provider network, including a description of the network and the criteria used to select (or tier) providers. 5. Your efforts to address the needs of covered persons, including children and adults, and 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 your efforts, when appropriate, to have various types of ECPs in your network. 6. Your methods for assessing the health care needs of covered persons and their satisfaction with services. 7. Your method of informing covered persons of the plan’s covered services and features, including <ol style="list-style-type: none"> a. the plan’s grievance and appeals procedures; b. its process for choosing and changing providers; c. its process for updating the provider directories for each of its network plans; d. a statement of health care services offered, including those services offered via the preventive care benefit, if applicable; and e. its procedures for covering and approving emergency, urgent, and specialty care, if applicable. 8. Your system for ensuring the coordination and continuity of care <ol style="list-style-type: none"> 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. Your process for enabling covered persons to change primary care professionals, if applicable. 10. Your proposed plan for providing continuity of care in the event of contract termination with any of your participating providers or in the event of your insolvency or other inability to continue operations. The description shall explain how covered persons will be notified of the contract termination or your insolvency or other cessation of operations and transitioned to other providers in a timely manner.

Supporting Documents	Steps
	<p>11. Your process for monitoring access to physician specialist services in emergency room care, anesthesiology, radiology, hospitalist care, and pathology/laboratory services at your participating hospitals.</p> <p>Note: Merge the Network Coverage Cover Sheet and the Access Plan and submit them as one file if possible. In this case, the file name for access plans should be your HIOS Issuer ID followed by "Access Plan" and necessary additional information (for example, 12345_Access_Planv3). If you submit a Cover Sheet as a separate file from the Access Plan, the file name should be your HIOS Issuer ID followed by "Access Plan Cover Sheet" and necessary additional information (for example, 12345_Access_Plan_Cover_Sheetv3).</p>

After entering all data, click **Save** to ensure no data are lost. This completes the Instructions for the Issuer Module portion of the PY2022 QHP Application. The next section of the Instructions for the PY2022 QHP Application is the Benefits and Service Area Module.