

# Qualified Health Plan Issuer Application Instructions

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Plan Year 2023

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

## Section 1C: Essential Community Providers/Network Adequacy

### 1. Introduction

In the Essential Community Providers (ECP)/Network Adequacy (NA) section, QHP issuers must demonstrate that they have a sufficient number and geographic distribution of ECPs and other providers, including providers that specialize in mental health and substance use disorder services, to ensure that all services will be accessible to enrollees without unreasonable delay. QHP issuers must submit provider data in each network associated with a QHP (Figure 1C-1).

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

- Medical QHP
- SADP

See Appendix E for additional information.

### 2. Data Requirements

To complete this section, you will need the following:

1. HIOS Issuer ID
2. Issuer state
3. Completed Network ID Template
4. A list of providers in each of the networks. When completing the network adequacy portion of the ECP/NA Template, you may include providers outside the service area, 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), individual provider or facility specialty type, telehealth service availability (only for individual providers), street address of the location providing services, city, state, county, and ZIP Code.
5. Create a list of ECPs in each of the proposed networks by selecting them from the *Select ECPs* tab, including the provider name, NPI, ECP category, street address of the location providing services, city, state, county, ZIP Code, number of contracted full-time-equivalent (FTE) staff or staffed hospital beds at each facility (not to exceed the number reported by the respective provider as displayed on the *Select ECPs* tab), and associated issuer network IDs. When completing the ECP portion of the ECP/NA Template, you may include only those providers located within the service area and state in which you intend to operate.
6. ECP Write-in Worksheet (as applicable)
7. ECP Justification Form (as applicable). Issuers will retrieve a partially populated ECP Justification Form from the PM Community with information regarding their deficient networks. Once issuers have completed their portions of the ECP Justification Form, they will submit it via the PM Community by the required deadline. The Centers for Medicare & Medicaid Services (CMS) will be accepting only official ECP Justification Forms in Excel format and will no longer be accepting individually customized supplemental response forms as a substitute for the official form. The ECP Justification form will be populated from the applicable ECP Tool depending on whether the issuer is a medical QHP or an SADP and whether the issuer is submitting under the General or Alternate ECP Standard.
8. Network Adequacy Justification Form (as applicable). Issuers will retrieve a partially populated Network Adequacy Justification Form from the PM Community, and will submit the completed form to the PM Community by the required deadline. CMS will be accepting only the official Network Adequacy Justification Form in Excel format. CMS will not accept individually customized supplemental response forms as a substitute for the official form.

### 3. Quick Reference

#### Key Changes for PY2023

##### Network Adequacy

- ◆ The network adequacy review is being reinstated. All FFE issuers submitting for review QHPs that use provider networks are required to complete and submit the *Individual Providers (NA)* and *Facility Providers (NA)* tabs from the ECP/NA Template. This includes issuers in states performing plan management.
  - QHP issuers must adhere to time and distance standards within each plan's service area with respect to providers participating in the plan's provider network, as set forth in the annual Letter to Issuers for the respective QHP certification plan year.
- ◆ Issuers must report if a provider offers telehealth services within the *Telehealth Services* column of the *Individual Providers (NA)* tab. For this purpose, the term "telehealth" is defined as "professional consultations, office visits, and office psychiatry services through brief communication technology-based service/virtual check-in, remote evaluation of pre-recorded patient information, and inter-professional internet consultation."
- ◆ Issuers must enter the provider's 10-digit NPI in the NPI column. We no longer accept dummy entries for the NPI field, as all the provider specialty types and facility provider types for which we collect network adequacy data for PY2023 have NPIs. Ensure the NPI is active in NPPES. For network adequacy purposes, submit the individual provider's NPI on the *Individual Providers (NA)* tab and submit the facility provider's facility-specific NPI on the *Facility Providers (NA)* tab. You must obtain the provider's NPI prior to including the provider on the ECP/NA Template for PY2023. Contact the provider directly for the NPI if you do not know it.

##### Essential Community Providers

- ◆ Issuers will be evaluated against a 35 percent ECP threshold standard.
- ◆ To count toward the issuer's satisfaction of the 35 percent ECP threshold requirement, the ECP category per county contract offering requirement, and the Indian health care provider contract offering requirement, the contract offers must be made to ECPs located in the issuer's service area to participate in the plan's provider network.
- ◆ For plans that use tiered networks, to count toward the issuer's satisfaction of each element of the ECP standard, ECPs must be contracted within the network tier that results in the lowest cost-sharing obligation. For example, a QHP issuer must not include ECPs on its ECP/NA Template contracted with its PPO network to certify its HMO network if using PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only ECPs in the preferred network tier count toward ECP standards.
- ◆ All issuers are strongly encouraged to run the applicable ECP Tool (i.e., the ECP Medical QHP Tool or the ECP SADP Tool). The ECP Tool identifies any unmet ECP standards based on data the issuer has submitted via the ECP/NA Template and the ECP Write-in Worksheet. CMS will separately use the appropriate ECP tool to generate a partially prepopulated ECP Justification Form for all issuers with deficient networks. You must complete and submit this partially prepopulated ECP Justification Form via the PM Community by the required deadline.
- ◆ If you do not meet any one or more of the ECP standards, you must continue making efforts to recruit additional providers to your networks and complete the ECP Justification Form to describe these ongoing recruitment efforts.
- ◆ For issuers that need to submit an ECP Justification Form, CMS will accept only the official ECP Justification Form in a macro-enabled Excel format and will no longer accept individually customized supplemental response forms as a substitute for the official form. This requirement also applies to the Network Adequacy Justification Form.
- ◆ The *Individual ECPs* tab within the ECP/NA template has been retired. If an issuer selects a provider with one or fewer FTE staff from the *Select ECPs* tab and adds the provider to its template, the provider will populate within the *Facility ECPs* tab alongside providers with more than one FTE staff reflected on the *Select ECPs* tab. In other words, all of an issuer's selected ECPs that are added to its template will appear within the *Facility ECPs* tab, regardless of the number of FTE staff reported by the provider.

#### Tips for the ECP/NA Section

##### General

- ◆ Complete the Issuer Information section on the *User Control* tab before creating and entering data into the other tabs.
- ◆ Do not change the file names on ECP/NA files after finalizing the template. This file-naming convention helps us identify your ECP/NA Template. If you change the file name, we may issue a required correction.

### Tips for the ECP/NA Section

- ◆ Complete the Network ID Template before completing the ECP/NA Template.
- ◆ Issuers must include only providers on the ECP/NA Template that are not at known risk for potential contract termination for the upcoming plan year.
- ◆ HIOS issuers will submit their completed ECP/NA Template via HIOS. SERFF issuers will submit their completed ECP/NA Template via SERFF.
- ◆ ECP Justifications are only required when at least one element of the ECP standard is not met. NA Justifications are only required when at least one element of the NA standard is not met. Issuers that do not meet all elements of the ECP or NA standards are issued a correction notice.

#### Essential Community Providers

- ◆ Provide hospital bed-count information as part of the ECP portion of your ECP/NA Template.
- ◆ An issuer will select a “dummy” provider record (ECP reference number ZZ-000001) embedded within the *Select ECPs* tab of your ECP/NA 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 PY2023 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 PY2023 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 PY2023 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 PY2023 HHS ECP List.
- ◆ The Available ECP Write-in List for the PY2023 QHP certification process will be made available within the PY2023 ECP Write-in Worksheet.

#### Network Adequacy

- ◆ Complete the network adequacy sections of the ECP/NA Template, and submit all providers in the network, including ECP providers, in the *Individual Providers (NA)* and *Facility Providers (NA)* tabs. ECPs must be included even if previously submitted in the *Facility ECPs* tab. For the network adequacy portion of the ECP/NA Template, you may include providers in another state that are part of the network if they are within the time and distance allowed for reasonable access. CMS will assess time and distance standards at the county level. Counties will be classified into five county type designations: Large Metro, Metro, Micro, Rural, and Counties with Extreme Access Considerations (CEAC). The latest Medicare Advantage Health Services Delivery (HSD) Reference file<sup>1</sup> contains designations for each county. These parameters are foundationally based on approaches used by the Census Bureau and the Office of Management and Budget. Use this file only to reference the “Provider Time & Distance” tab columns A through E for QHP county type designations. Other information in this HSD Reference file is not applicable to QHP certification.
- ◆ Issuers must not report an individual provider as practicing at more than 10 unique locations on the ECP/NA Template.
- ◆ For issuers with multiple office locations, each with a unique address, issuers should not add a number to the provider’s last name to distinguish each location, for example, Last Name-001.
- ◆ Issuers should reference the *Taxonomy Codes* tab of the ECP/NA Template to learn which provider taxonomy codes can be included in network adequacy data submissions, understand which providers to include in which respective individual provider and facility specialty categories, and know which provider types crosswalk into which respective categories for time and distance standards.

<sup>1</sup> <https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps>.

### Tips for the ECP/NA Section

- ◆ Under the following circumstances, advanced practice registered nurses (APRNs) and physician assistants (PAs) could be included as primary care providers. Under the circumstances below, APRNs who specialize in behavioral health services could be included in the outpatient clinical behavioral health provider category. The purpose of including APRNs and PAs is to inform CMS of the rare instances in which an issuer contracts with non-MD/DO primary care and behavioral health services providers in underserved counties to serve as the major source of these types of care for enrollees. In these instances, organizations may include submissions under the non-MD/DO primary care and outpatient clinical behavioral health specialty codes if the contracted APRN or PA satisfies the following conditions:
  - (1) currently licensed in the state;
  - (2) meets the state’s requirements governing the qualifications of that provider type;
  - (3) fully credentialed by the organization as a provider of primary care or behavioral health services;
  - (4) functions in accordance with state law as the primary source for the enrollee’s primary care or behavioral health services (i.e., not to supplement a physician’s care); and
  - (5) practices in or renders services to enrollees residing in a health professional shortage area (HPSA).
- ◆ Data integrity reports for network adequacy and network breadth can be retrieved from the PM Community.

### 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 five questions (the numbering corresponds to the HIOS screens). You must respond to all attestations in the Issuer Module.

### Essential Community Provider Questions

<p>Has the applicant met the percentage threshold requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)?</p> <p>Yes [checkbox] No [checkbox]</p>	<p>To meet the percentage threshold requirement of the General ECP Standard, the applicant has satisfied the following requirement:</p> <ul style="list-style-type: none"> <li>◆ Contracted with at least 35 percent of available ECPs in each plan’s service area to participate in the plan’s provider network.<sup>a</sup></li> </ul>	<p>To meet the percentage threshold requirement of the Alternate ECP Standard, the applicant has satisfied the following requirement:</p> <ul style="list-style-type: none"> <li>◆ Contracted with at least 35 percent of available ECPs in each plan’s service area to participate in the plan’s provider network with providers located within health professional shortage areas (HPSAs) or ZIP Codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level.<sup>a</sup></li> </ul>
<p>Has the applicant met the ECP category per county requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)?</p> <p>Yes [checkbox] No [checkbox]</p>	<p>To meet the ECP category per county requirement of the General ECP Standard, the applicant has satisfied the following requirement:</p> <ul style="list-style-type: none"> <li>◆ Offered contracts in good faith to at least one ECP in each ECP category in each county in the service area to participate in the plan’s provider network for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).<sup>a</sup></li> </ul>	<p>To meet the ECP category per county requirement of the Alternate ECP Standard, the applicant has satisfied the following requirement:</p> <ul style="list-style-type: none"> <li>◆ 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 to participate in the plan’s provider network 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 in each ECP category in each county in the plan’s service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).</li> </ul>

### Essential Community Provider Questions

	SADP applicants are exempt from the ECP category per county requirement and should select <b>Yes</b> .	SADP applicants are exempt from the ECP category per county requirement and should select <b>Yes</b> .
Has the applicant met the Indian health care provider requirement of the General ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)? Yes [checkbox] No [checkbox]	To meet the Indian health care provider requirement of the General ECP Standard, the applicant has satisfied the following requirement: ◆ Offered contracts in good faith to all available Indian health care providers in the plan's service area to participate in the plan's provider network for the respective QHP certification plan year. <sup>a</sup>	Issuers that qualify to submit under the Alternate ECP Standard are exempt from the Indian health care provider ECP requirement and should select <b>Yes</b> .

<sup>a</sup> For plans that use tiered networks, ECPs must be contracted within the network tier that results in the lowest cost-sharing obligation to count toward the issuer's satisfaction of each element of the ECP standard. For example, a QHP issuer cannot use the number of ECPs contracted with its PPO network to certify its HMO network if using the PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only preferred providers count toward ECP standards.

### Instructions for Essential Community Providers Questions

Answer **Yes** for each of the ECP requirements that you meet.

- ◆ Answer **No** for any of the ECP requirements that you do not meet. All issuers are strongly encouraged to run the applicable ECP Tool (i.e., the ECP medical QHP Tool or the ECP SADP Tool). The ECP Tool identifies any unmet ECP standards based on data the issuer has submitted via the ECP/NA Template and the ECP Write-in Worksheet. If you have not satisfied one or more of the time and distance standards, CMS will generate a partially prepopulated ECP Justification Form that you will retrieve from the PM Community. You must complete and submit this ECP Justification Form in the required macro-enabled Excel format via the PM Community by the required deadline.

Note: If you initially respond **No** to any of these attestation questions but subsequently complete corrective action to meet the ECP requirements, you must resubmit this ECP attestation section to reflect that you now meet the ECP requirements.

### Network Adequacy Question

Has the applicant met all the network adequacy requirements established under 45 CFR 156.230, including: maintaining a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay in accordance with 45 CFR 156.230(a)(2) by satisfying all of the time and distance requirements set forth within the Letter to Issuers? Yes [checkbox] No [checkbox]	To meet the time and distance requirements of the network adequacy standard, the applicant has: ◆ Met the time and distance standards within each plan's service area with respect to providers <sup>a</sup> participating in the plan's provider network, as set forth in the annual Letter to Issuers for the respective QHP certification plan year.
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<sup>a</sup> To count toward meeting network adequacy standards, providers must be appropriately licensed, accredited, or certified to practice in their state, as applicable, and must have in-person services available.

### Instructions for Network Adequacy Question

Answer **Yes** if you meet the network adequacy requirements.

Answer **No** if you do not meet the network adequacy requirements. If CMS determines that you have not satisfied one or more of the time and distance standards, CMS will generate a partially prepopulated Network Adequacy Justification Form that you will retrieve from the PM Community. You must complete and submit this Network Adequacy Justification Form in the required macro-enabled Excel format via the PM Community by the required deadline.

Note: If you initially respond **No** to this attestation question but subsequently complete corrective action to meet the network adequacy requirements, you must resubmit this network adequacy attestation section to reflect that you now meet the network adequacy requirements.

### ECP/Network Adequacy Question

Does the applicant use a provider network (and is, therefore, required to submit an ECP/NA Template)?

Yes [checkbox]

No [checkbox]

Answer **Yes** if you use a provider network and are, therefore, required to upload an ECP/NA Template.

Answer **No** if you do not use a provider network and may not be required to complete and upload an ECP/NA Template.

**Figure 1C-1. ECP/Network Adequacy Application Section**

Fields marked with an asterisk (\*) are required.

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

### Essential Community Providers

\* 1. Has the applicant met the percentage threshold requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)?

To meet the percentage threshold requirement of the General ECP Standard, the applicant has satisfied the following requirement:

- Contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network.<sup>a</sup>

To meet the percentage threshold requirement of the Alternate ECP Standard, the applicant has satisfied the following requirement:

- Contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network with providers located within health professional shortage areas (HPSAs) or ZIP Codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level.<sup>a</sup>

Yes  No

\* 2. Has the applicant met the ECP category per county requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)?

To meet the ECP category per county requirement of the General ECP Standard, the applicant has satisfied the following requirement:

- Offered contracts in good faith to at least one ECP in each ECP category in each county in the service area to participate in the plan's provider network for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).<sup>a</sup>

To meet the ECP category per county requirement of the Alternate ECP Standard, the applicant has satisfied the following requirement:

- 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 to participate in the plan's provider network 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 in each ECP category in each county in the plan's service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).

SADP applicants are exempt from the ECP category per county requirement and should select **Yes** below.

Yes  No

\* 3. Has the applicant met the Indian health care provider requirement of the General ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)?

To meet the Indian health care provider requirement of the General ECP Standard, the applicant has satisfied the following requirement:

- Offered contracts in good faith to all available Indian health care providers in the plan's service area to participate in the plan's provider network for the respective QHP certification plan year.<sup>a</sup>

Issuers that qualify to submit under the Alternate ECP Standard are exempt from the Indian health care provider ECP requirement and should select **Yes** below.

Yes     No

<sup>a</sup> For plans that use tiered networks, ECPs must be contracted within the network tier that results in the lowest cost-sharing obligation to count toward the issuer's satisfaction of each element of the ECP standard. For example, a QHP issuer cannot use the number of ECPs contracted with their PPO network to certify their HMO network if using the PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only preferred providers would be counted toward ECP standards.

**Instructions for Essential Community Provider Questions:**

Answer **Yes** for each of the ECP requirements listed above that you meet.

Answer **No** for any of the ECP requirements listed above that you do not meet. All issuers are strongly encouraged to run the applicable ECP Tool (i.e., the ECP medical QHP Tool or the ECP SADP Tool). The ECP Tool results will identify any deficiencies. CMS will generate a partially pre-populated ECP Justification Form that you will retrieve from the PM Community. You must complete and submit this ECP Justification Form in the required Excel format via the PM Community by the required deadline.

Note: If you initially respond **No** to any of these attestation questions but subsequently complete corrective action to meet the ECP requirements listed above, you must resubmit this ECP attestation section to reflect that you now meet the ECP requirements.

## Network Adequacy

\* 4. Has the applicant met all the network adequacy requirements established under 45 CFR 156.230, including: maintaining a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay in accordance with 45 CFR 156.230(a)(2) by satisfying all of the time and distance requirements set forth within the Letter to Issuers?

To meet the time and distance requirements of the network adequacy standard, the applicant has:

- Met the time and distance standards within each plan's service area with respect to providers<sup>a</sup> participating in the plan's provider network, as set forth in the annual Letter to Issuers for the respective QHP certification plan year.

Yes    No

<sup>a</sup> To count toward meeting network adequacy standards, providers must be appropriately licensed, accredited, or certified to practice in their state, as applicable, and must have in-person services available.

### Instructions for Network Adequacy Questions:

Answer **Yes** if you meet the network adequacy requirements listed above.

Answer **No** if you do not meet the network adequacy requirements listed above. If CMS determines that you have not satisfied one or more of the time and distance standards, CMS will generate a partially pre-populated Network Adequacy Justification Form that you will retrieve from the PM Community. You must complete and submit this Network Adequacy Justification Form in the required Excel format via the PM Community by the required deadline.

Note: If you initially respond **No** to this attestation question but subsequently complete corrective action to meet the network adequacy requirements listed above, you must resubmit this network adequacy attestation section to reflect that you now meet the network adequacy requirements.

\* 5. Does the applicant use a provider network (and is therefore required to submit an ECP/Network Adequacy Template)?

Answer **Yes** if you use a provider network and are therefore required to upload an ECP/Network Adequacy Template.

Answer **No** if you do not use a provider network and may not be required to complete and upload an ECP/Network Adequacy Template.

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 ECP/NA template will allow the applicant to identify each provider network it intends to utilize for its QHPs, enter providers within the required network adequacy fields to satisfy NA standards, and select each ECP with which it has executed a contract in each network.
- The ECP Write-in Worksheet allows the applicant to write in additional ECPs if they appear on the "Available ECP Write-in List" found within the ECP Write-in Worksheet.
- The applicant should identify any network that is different for its individual and small group market as a separate network.
- ECP and network adequacy justifications must be submitted via the PM Community, rather than uploaded through the HIOS Issuer Module.



Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

### Download Template

 [ECP/Network Adequacy Template.xlsx \(undefined\)](#)

### Upload File(s)

\* Upload ECP/Network Adequacy File:

No file selected.

### Uploaded File(s)

File Name	Upload Date	Status
The applicant has not uploaded any files.		

Supporting documents can be uploaded below. Select the Document Type using the dropdown, and locate the file using the Browse button. Click the Upload button to submit the document.

### Uploaded Supplementary Documentation

Document type

Upload File(s):

No file selected.

### Uploaded File(s)

Document Type	File Name	File Description	Upload Date	Actions
The applicant has not uploaded any files.				



When populating these tabs, submit all providers in the network, including ECPs, 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 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 Providers (NA)*, and *Facility Providers (NA)* tabs.

The following table details the steps for completing the ECP portion of the ECP/NA Template.

Select ECPs Tab	Steps
Filter ECPs	You can filter the columns in the <i>Select ECPs</i> 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 <b>add</b> 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"> <li>◆ 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 unless selected again.</li> <li>◆ To clear <u>all</u> selected ECPs, click <b>Clear All</b> at the top of the tab. All highlighted ECPs will be deselected and will not be added to the ECP tabs unless selected again.</li> <li>◆ To show only ECPs that have been selected, click <b>Show Selected ECPs</b> at the top of the tab. To show all ECPs, click <b>Show All ECPs</b>.</li> </ul>
Insert ECPs	<ul style="list-style-type: none"> <li>◆ Click <b>Insert Selected ECPs</b>. The selected ECPs will be inserted into the <i>Facility ECPs</i> tab of the ECP/NA Template. For each record, the following information will be added: row number, NPI, facility name, provider name, ECP category, street address, city, state, ZIP Code, and county. For each record, you must complete any field within the <i>Facility ECPs</i> tab that is not populated from the <i>Select ECPs</i> tab before submitting the template.</li> </ul>

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

**Figure 1C-3. Sample Select ECPs Tab**

<input type="button" value="Show All ECPs"/> <input type="button" value="Clear All"/> <input type="button" value="Show Selected ECPs"/> <input type="button" value="Insert Selected ECPs"/>									<small>To show all ECPs, press the 'S' To select an ECP, navigate to To clear all selected ECPs, pre To show selected ECPs, press To insert selected ECPs, press</small>		
Add ECP?	Row Number	Site Name	Organization Name	National Provider Identifier	ECP Category	Hospital Bed Count	Number of Medical FTEs	Number of Dental FTEs			
	CO-012439	Valley-Wide Ordway	VALLEY WIDE HEALTH SYSTEMS, IN	1902448186	Federally Qualified Health Centers	0	3	0			
	CO-001995	Archuleta Integrated Healthcare	Axis Health System	1417295783	Community Mental Health Centers, Dental Pi	0	1.5	1			
	CO-001996	MCPN Pine Tree Health Center	METRO COMMUNITY PROVIDER N	1205098340	Dental Providers, Federally Qualified Health	0	3	1			
	CO-001997	Children's Colorado Emergency Car	Children's Hospital Colorado	1144683723	Children's Hospitals (inpatient only)	5	0	0			
	CO-001998	Children's Colorado Emergency Car	Children's Hospital Colorado	1750742359	Outpatient Hospital Clinics	0	1.98	0			
	CO-001999	Peak Vista Community Health Cent	PEAK VISTA COMMUNITY HEALTH	1619224987	Federally Qualified Health Centers	0	1	0			
ADD	CO-002000	GRAND AVENUE HOMELESS CLINIC	PUEBLO COMMUNITY HEALTH CEN	1144589425	Federally Qualified Health Centers	0	1	0			
	CO-002001	Pueblo City and County Health Dep	Pueblo City and County Health Dep	1245228022	Family Planning Providers, Sexually Transmit	0	2	0			
ADD	CO-002002	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1396098828	Federally Qualified Health Centers	0	1	0			
	CO-002003	PARK HILL CLINIC	PUEBLO COMMUNITY HEALTH CEN	1164468336	Federally Qualified Health Centers	0	9	0			
ADD	CO-002004	O'ROURKE DENTAL CLINIC	PUEBLO COMMUNITY HEALTH CEN	1245275932	Dental Providers	0	0	7			
	CO-002005	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1700139813	Federally Qualified Health Centers	0	1	0			
ADD	CO-002006	Centennial HS SBWC	PUEBLO COMMUNITY HEALTH CEN	1720432610	Federally Qualified Health Centers	0	1	0			
	CO-002007	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1770529950	Federally Qualified Health Centers	0	26	0			
ADD	CO-002008	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1013261023	Federally Qualified Health Centers	0	1	0			
	CO-002009	Pueblo Community Health Center	PUEBLO COMMUNITY HEALTH CEN	1649524653	Federally Qualified Health Centers	0	1	0			
ADD	CO-002010	Pueblo Community College Health	PUEBLO COMMUNITY HEALTH CEN	1316466816	Federally Qualified Health Centers	0	1	0			
	CO-002011	Rangely District Hospital	Rangely Hospital District	1063430346	Inpatient Hospitals (other than children's hos	18	0	0			
ADD	CO-002012	Rangely Family Medicine	Rangely District Hospital	1730108747	Dental Providers, Family Planning Providers,	0	4	1			





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"> <li>◆ <b>Yes</b>—if you are an Alternate ECP Standard issuer as described in 45 CFR 156.235(b).</li> <li>◆ <b>No</b>—if you are a General ECP Standard issuer.</li> </ul>
Import Network IDs	Click <b>Import Network IDs</b> to import data from the Network ID Template (please refer to 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 PY2023 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 directly by the issuer or practicing in a single contracted medical group), enter “N/A” in this column.
Provider Name	Enter the provider name as it appears on the PY2023 Available ECP Write-in List.
Site Name	Enter the site name as it appears on the PY2023 Available ECP Write-in List.
Organization Name	Enter the organization name as it appears on the PY2023 Available ECP Write-in List.
NPI	Enter the NPI as it appears on the PY2023 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.
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 PY2023 Available ECP Write-in List.
Site Street Address 2	Enter additional street address information as it appears on the PY2023 Available ECP Write-in List, as applicable.
Site City	Enter the city as it appears on the PY2023 Available ECP Write-in List.
Site State	Select the site state from the drop-down list as it appears on the PY2023 Available ECP Write-in List.
Site ZIP Code	Enter the site ZIP Code as it appears on the PY2023 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 PY2023 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 <b>Validate</b> at the top of the worksheet. The worksheet will highlight cells with errors in red. Correct any errors and click <b>Validate</b> again. Repeat until a message appears indicating that no validation errors were found.

ECP Write-in Worksheet	Steps
Export the worksheet	<p>Click <b>Export</b> 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 <b>Select Folder</b> in the pop-up window to save a .txt file containing the information from the ECP Write-in Worksheet at that location.</p> <p>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.”</p>

Follow these instructions to complete the Network Adequacy portion of the ECP/NA Template. For determining appropriate providers to include in the network adequacy portion of your ECP/NA Template, use the following guidelines.

- Include a list of all the providers in each of the proposed networks, even those outside of the immediate geographic area meeting time and distance requirements, as well as ECPs, even when also included in the ECP tabs. Such providers must meet the following requirements:
  - Be appropriately licensed, accredited, or certified to practice in their state, as applicable; and
  - Offer in-person services
- Include only providers not at known risk for potential contract termination for the upcoming plan year.
- Do not report an individual provider as practicing at more than 10 unique locations.
- For issuers with multiple office locations, each with a unique address, do not add a number to the provider’s last name to distinguish each location, for example, Last Name-001.
- Reference the *Taxonomy Codes* tab of the ECP/NA Template to learn which provider taxonomy codes can be included in network adequacy data submissions, understand which providers to include in which respective individual provider and facility specialty categories, and know which provider types crosswalk into which respective categories for time and distance standards.
- Under the following circumstances, advanced practice registered nurses (APRNs) and physician assistants (PAs) can be included as primary care providers. APRNs who specialize in behavioral health services could be included in the outpatient clinical behavioral health provider category. Including APRNs and PAs informs CMS of the rare instances in which an issuer contracts with non-MD/DO primary care and behavioral health services providers in underserved counties to serve as the major source of these types of care for enrollees. In these instances, organizations can include submissions under the non-MD/DO primary care and outpatient clinical behavioral health specialty codes if the contracted APRN or PA satisfies the following conditions:
  - (1) Licensed in the state
  - (2) Meets the state’s requirements governing the qualifications of that provider type
  - (3) Fully credentialed by the organization as a provider of primary care or behavioral health services
  - (4) Functions in accordance with state law as the primary source for the enrollee’s primary care or behavioral health services (i.e., not to supplement a physician’s care); and
  - (5) Practices in or renders services to enrollees residing in a HPSA.

To complete the *Individual Providers (NA)* and *Facility Providers (NA)* tabs, follow the steps in the tables.

Individual Providers (NA) Tab	Steps
NPI (required)	<p>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. For network adequacy purposes, submit the individual provider’s NPI on the <i>Individual Providers (NA)</i> tab. You must obtain the provider’s NPI prior to including it on the ECP/NA Template for PY2023. We no longer accept dummy entries for the NPI field. Ensure the NPI is active in NPPES.</p>

Individual Providers (NA) Tab	Steps
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.
Specialty Type (area of health care services)	<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, select all specialties in the same record.</p> <ul style="list-style-type: none"> <li>◆ 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 <i>Specialty Types</i> tab data, such as <b>001 General Practice</b>. Errors will appear if pasted data do not exactly match the specialty type format used in the <i>Individual Providers</i> tab.</li> <li>◆ 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.</li> <li>◆ If the specialty type is not listed in the <i>Specialty Types</i> tab, do not list the provider. We are no longer accepting specialties that do not fall within our defined Specialty Types lists.</li> </ul>
Telehealth Services	<p>For the purpose of this data collection and reporting, the term “telehealth” is defined as “professional consultations, office visits, and office psychiatry services through brief communication technology–based service/virtual check-in, remote evaluation of pre-recorded patient information, and inter-professional internet consultation.”</p> <p>From the drop-down menu, select <b>Yes</b> or <b>No</b> to indicate whether the provider offers telehealth services. If you have reached out to the provider and are awaiting a response, select <b>Requested information from provider and awaiting their response</b>.</p>
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 <i>County Names</i> tab of the ECP/NA Template. 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. <u>If you are an issuer that offers both medical QHPs and SADPs, 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 1C-6 for a sample *Individual Providers (NA)* tab.

Figure 1C-6. Sample Individual Providers (NA) Tab

A	B	C	D	E	F
National Provider Identifier (NPI)*	Provider Name Prefix	First Name of Provider*	Middle Initial of Provider	Last Name of Provider*	Specialty Type (area of medicine)*
					Click here to select Specialty Types

Select All That Apply

Please select all Specialty Types that apply to this provider.

- 001 General Practice
- 002 Family Medicine
- 003 Internal Medicine
- 004 Geriatrics
- 005 Primary Care - Physician Assistant
- 006 Primary Care - Advanced Registered Nurse Practitioner
- 007 Allergy and Immunology
- 008 Cardiology
- 010 Chiropractor
- 011 Dermatology
- 012 Endocrinology
- 013 ENT/Otolaryngology
- 014 Gastroenterology

OK      Cancel

Required:  
Select from the dropdown menu "Click here to select," which will prompt a pop-up to appear to "Select All Specialty Types that apply to this provider". Select which type(s) of medicine the provider specializes in.

User Control   Select ECPs   Facility ECPs   **IndividualProviders(NA)1**   FacilityProviders(NA)1   Specialty Types   Taxonomy Codes   County Names   Errors

Individual Provider (NA) tabs can be removed from the template 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.

Facility Provider (NA) Tab	Steps
NPI	Enter the provider's 10-digit NPI. Contact the provider directly to acquire their NPI if you do not know it. For network adequacy purposes, submit the subpart's NPI. For example, a hospital offers acute care, laboratory, and rehabilitation services, and each subpart has its own NPI <sup>2</sup> . The parent organization-level NPI should not be reported. You must obtain the provider's NPI prior to including them on the ECP/NA Template for PY2023. We no longer accept dummy entries for the NPI field. Ensure that the NPI is active in the NPPES database.
Facility Name	Enter the name of the facility.
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 <i>Specialty Types</i> tab of the template.</p> <ul style="list-style-type: none"> <li>◆ 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 <i>Specialty Types</i> tab, such as <b>040 General Acute Care Hospital</b>. Errors will appear if pasted data do not exactly match the facility type format used in the <i>Facilities</i> tab.</li> <li>◆ If entering more than one facility type, each facility type must be separated by a comma and a space.</li> </ul>

<sup>2</sup> <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/NPI-What-You-Need-To-Know.pdf>.

Facility Provider (NA) Tab	Steps
	◆ If the facility type is not listed in the <i>Specialty Types</i> tab, the facility should not be listed. We are no longer accepting specialties outside the defined <i>Specialty Types</i> list.
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.
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 <i>County Names</i> 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 an issuer that offers both medical QHPs and SADPs, 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 1C-7 for a sample *Facility Providers (NA)* tab.

Figure 1C-7. Sample Facility Providers (NA) Tab

A National Provider Identifier (NPI)*	B Facility Name*	C Facility Type*	D Street Address*
		Click here to select Facility Types	

Select All That Apply

Please select all Facility Types that apply to this provider.

- 040 Acute Inpatient Hospitals (Must have Emergency services available 24/7)
- 041 Cardiac Surgery Program
- 042 Cardiac Catheterization Services
- 043 Critical Care Services - Intensive Care Units (ICU)
- 045 Surgical Services (Ambulatory Surgical Centers and Outpatient Hospital)
- 046 Skilled Nursing Facilities
- 047 Diagnostic Radiology (Free-standing; hospital outpatient; ambulatory health facilities with Dx)
- 048 Mammography
- 052 Inpatient Psychiatry (Free-standing inpatient behavioral health facility and behavioral health)
- 057 Outpatient Infusion/Chemotherapy
- 072 Substance Abuse Rehabilitation Facility (Hospital unit and residential treatment facility)
- 076 Mental Health Residential Treatment Facility (Mental illness; Psychiatric)
- 080 Urgent Care

OK      Cancel

Required: Select the Facility Type of the provider.

User Control   Select ECPs   Facility ECPs   IndividualProviders(NA)1   **FacilityProviders(NA)1**   Specialty Types   Taxonomy Codes   County Names   Errors

Reference information is provided in the four tabs listed below:

- The *Specialty Types* tab contains the specialty/facility types that can be added into the ECP/NA Template.
- The *Taxonomy Codes* tab contains the taxonomy codes that correspond to provider specialty types listed within the *Specialty Types* tab. Issuers may use the *Taxonomy Codes* tab as a guide for the provider taxonomy types issuers are required to include in submissions. The *Taxonomy Codes* tab also has columns to show which taxonomy codes crosswalk into each time and distance specialty type.
  - Issuers may not use the NUCC hospital taxonomy code to report hospitals in submissions due to known data integrity issues. Instead, issuers must report all hospitals as "acute inpatient hospitals," which are defined as hospitals that provide all-day, year-round emergency services. Issuers must only report contracted facilities that offer specialty codes 041, 042, and 043 in submissions.
- The *County Names* tab contains the county names that are used and accepted in the ECP/NA Template.
- The *Errors* tab displays any validation errors identified when a completed ECP/NA 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/NA Template, you must validate, finalize, and upload it into HIOS.

Template Validation	Steps
Validate Template	Click <b>Validate</b> on the <i>User Control</i> 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 that you may finalize the template.
Errors	Errors will appear on the <i>Errors</i> tab, which shows the data element, cell location, and validation error message for each error. Correct any identified errors and click <b>Validate</b> again. Repeat until all errors are resolved.
Create Documents	Once all validations are complete, click <b>Create Documents</b> on the <i>User Control</i> 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	<b>Save</b> 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 Section 1. Issuer Module for guidance.

After uploading the necessary ECP/NA files, you may need to upload supporting documentation. You must submit completed ECP and Network Adequacy Justification Forms via the PM Community. The ECP Write-In Worksheet must be submitted through the Issuer Module by selecting the ECP Write-in Worksheet document type from the drop-down menu as indicated in Figure 1C-8. If you do not meet ECP standards because providers are unwilling to contract with you due to being owned by another issuer, attempt to recruit additional providers on the Final ECP List and encourage additional providers that may qualify as ECPs to submit an online ECP Petition so that you can enter them on your ECP Write-in Worksheet if they are approved as a qualified ECP Write-in by CMS to count toward your satisfaction of the ECP standard.

**Figure 1C-8. Uploading Supporting Documentation**

Supporting documents can be uploaded below. Select the Document Type using the dropdown, and locate the file using the Browse button. Click the Upload button to submit the document.

**Uploaded Supplementary Documentation**

Document type:

Upload File(s):  No file selected.

**Uploaded File(s)**

Document Type	File Name	File Description	Upload Date	Actions
The applicant has not uploaded any files.				

Supporting Documents	Steps
ECP Justification Form	<ul style="list-style-type: none"> <li>◆ If you receive a correction notice for not meeting one or more of the ECP standards (as described following), you must complete all required fields in the prepopulated ECP Justification Form generated by CMS, which can be retrieved from the ECP/Network Adequacy Justifications tab of the PM Community. <ul style="list-style-type: none"> <li>▪ For issuers applying under the General ECP Standard, the applicant must satisfy the following requirements: <ul style="list-style-type: none"> <li>– Contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network</li> <li>– Offered a contract in good faith to at least one ECP in each major ECP category for each county in the service area to participate in the plan's provider network for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants); and</li> <li>– Offered a contract in good faith to all available Indian health care providers in the plan's service area to participate in the plan's provider network for the respective QHP certification plan year.</li> </ul> </li> <li>▪ For issuers applying under the Alternate ECP Standard (i.e., issuers eligible to apply under this standard must provide the majority of their plan's covered professional services through physicians employed directly by the issuer or through a single contracted medical group), the applicant must satisfy the following requirements: <ul style="list-style-type: none"> <li>– Contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network with providers in HPSAs or ZIP Codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level; and</li> <li>– 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 to participate in the plan's provider network 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 in each ECP category in each county in the plan's service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).</li> </ul> </li> </ul> </li> <li>◆ For guidance on using the PM Community, please reference the user guide and related instructions in the Resources and Training tab on the home page of the PM Community.</li> <li>◆ The completed ECP Justification Form should be saved in the required macro-enabled Excel format (.xlsm) and submitted via the PM Community by each submission round's required deadline. Do not rename the Justification Form. If you do rename the file, use the following naming convention: (Issuer ID)-ECP-(Plan Type)-(Round Abbreviation). Example for Issuer ID 12345 in the Initial Round that is a Medical QHP: 12345-ECP-MedQHP-IR. Example for Issuer ID 12345 in the Initial Round that is an SADP: 12345-ECP-SADP-IR. For Second Round and Final Round, use abbreviations SR and FR.</li> <li>◆ All required fields in the ECP Justification Form must be completed before submission. Incomplete justifications will not be accepted.</li> <li>◆ After submitting your completed ECP Justification Form, CMS will send you a correction notice via the Corrections tab in the PM Community if further corrections are required.</li> </ul>
Network Adequacy Justification Form	<ul style="list-style-type: none"> <li>◆ If you receive a correction notice for not meeting one or more of the network adequacy standards, you must complete all required fields in the prepopulated Network Adequacy Justification Form generated by CMS, which can be retrieved from the ECP/Network Adequacy Justifications tab of the PM Community. For guidance on using the PM Community, please reference the user guide and related instructions in the Resources and Training tab on the home page of the PM Community.</li> <li>◆ The completed Network Adequacy Justification Form should be saved in the required macro-enabled Excel format (.xlsm) and submitted via the PM Community by each submission round's required deadline. Do not rename the Justification Form. If you do rename the file, use the following naming convention: (Issuer ID)-NA-(Round</li> </ul>

Supporting Documents	Steps
	<p>Abbreviation). Example for Issuer ID 12345 in the Initial Round: 12345-NA-IR. For Second Round and Final Round, use abbreviations SR and FR.</p> <ul style="list-style-type: none"> <li>◆ If CMS learns of local challenges impacting all issuers in a given service area, such as topographical features or insufficient provider supply, that have resulted in assignment of required corrections, CMS will assess any such challenges to verify the extent to which they impede issuers' ability to satisfy the respective network adequacy standard for the purpose of potentially clearing the assigned correction, as CMS deems appropriate.</li> <li>◆ On the NA Justification tab of the Network Adequacy Justification Form, you must include provider recruitment activities necessary to satisfy your required correction with respect to each network, county, and specialty combination for which you received a required correction. This means that you must submit at least one provider for every network, county, and specialty combination for which you received a required correction. On the Additional Recruitment Activity tab of the Network Adequacy Justification Form, you are strongly encouraged to include any additional provider recruitment activities for the network, county, and specialty combinations for which you received a required correction, including any ongoing, concluded, and unsuccessful activities. This additional provider recruitment data will inform next steps that may be required of the issuer during the compliance review period.</li> <li>◆ All required fields in the Network Adequacy Justification Form must be completed before submission. Incomplete justifications will not be accepted.</li> <li>◆ After submitting your completed Network Adequacy Justification Form, CMS will send you a correction notice via the Corrections tab in the PM Community if further corrections are required.</li> </ul>

After entering all data, click **Save** to ensure no data are lost. This completes the Instructions for the Issuer Module portion of the PY2023 QHP Application. The next section of the Instructions for the PY2023 QHP Application is the Benefits and Service Area Module.