

Completing the Network Adequacy Justification Form

Issuers seeking to offer qualified health plans (QHPs), including stand-alone dental plans (SADPs), on the Federally-facilitated Exchanges (FEEs) must submit a completed QHP Application per Centers for Medicare & Medicaid Services (CMS) guidelines, including an Essential Community Provider/Network Adequacy (ECP/NA) Template.

Network adequacy refers to an issuer's ability to maintain a network with sufficient numbers and types of providers, including providers that specialize in mental health and substance use disorder services, to assure that all services will be accessible to enrollees without unreasonable delay. Issuers that do not meet one or more network adequacy standards will be notified that CMS has identified required QHP Application corrections and must submit a completed Network Adequacy Justification Form. CMS will partially pre-populate and upload the NA Justification Form to the Plan Management (PM) Community for issuers to retrieve and complete. Completed NA Justification Forms must be uploaded and submitted within the PM Community for CMS review.

To satisfy network adequacy standards, issuers must satisfy the following requirements in accordance with 45 CFR 156.230[a][2]) and the annual Letter to Issuers for the respective QHP certification plan year:

- 1) Use a provider network that complies with 45 CFR 156.230, subject to a limited exception for certain SADPs described at 45 CFR 156.230(a)(4).
- 2) Meet the time and distance standards within each plan's service area with respect to providers¹ participating in the plan's provider network.
- 3) Report to CMS whether providers participating in their network offer telehealth services.

Overview of Network Adequacy Justification Form Tabs

Instructions Tab

This tab provides general information about the Network Adequacy Justification Form and detailed instructions on completing the partially pre-populated justification form.

Monitoring & T&D Justification Tab

This tab is partially pre-populated to contain all required corrections associated with a time and distance standard that has not been met for a particular network/county/specialty combination. Begin filling out the justification form by responding to the four required questions regarding monitoring and mitigating measures for provider network gaps. You must answer these questions to be credited for ongoing provider recruitment efforts that you report in the Recruitment Activity tab. You must also provide information on the primary reason(s) you are not meeting the time and distance standards for specific network/county/specialty combinations.

¹ To count toward meeting network adequacy and appointment wait time standards, providers must be appropriately licensed, accredited, or certified to practice in their state, as applicable, and must have in-person services available.

Recruitment Activity Tab

This tab provides space for you to enter all current recruitment activity aimed at resolving outstanding Network Adequacy corrections. You should include information on this tab for any providers with whom you cannot contract due to the following reasons:

- Provider rejected good faith offer (helps to demonstrate your good faith recruitment efforts).
- Provider has entered into an exclusivity contract with another organization prohibiting the provider from contracting with you.
- Provider not licensed, accredited, or certified by the state.
- Provider moved, retired or facility closed (relevant if you were previously contracted with the provider, as this may help to explain a new gap compared to last year).
- Provider does not contract with any commercial insurance organizations.

This tab also provides space for you to document those providers with whom you are continuing to pursue a contract for the upcoming plan year that has not yet been fully executed. For such circumstances, you should select “Contract negotiations being conducted” from the dropdown menu in column L to reflect your good faith recruitment activities.

NA Standards Tab

This tab is provided for reference purposes only; it contains the time and distance standards for each of the Individual and Facility Provider Specialty Types within the applicable county type designation.

Taxonomy Codes Tab

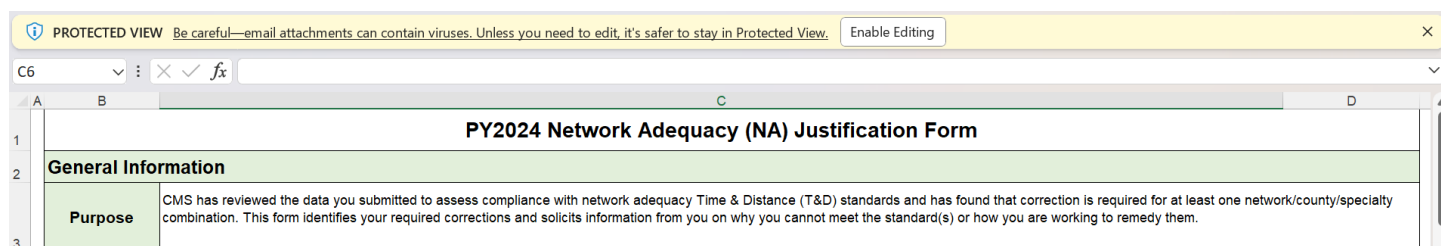
This tab is provided for reference purposes only; it contains taxonomy codes cross-walked to specialty codes and time and distance categories.

County Names Tab

This tab is provided for reference purposes only; it contains the county names included in the ECP/Network Adequacy Template, as well as the state abbreviation and FIPS Code associated with each of those county names.

Reviewing the Instructions Tab²

Enable macros by selecting “Enable Editing” and “Enable Content” at the top of the justification form, and carefully read all instructions provided within the tab.



PROTECTED VIEW Be careful—email attachments can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing

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A B C D

1 PY2024 Network Adequacy (NA) Justification Form

2 General Information

3 Purpose CMS has reviewed the data you submitted to assess compliance with network adequacy Time & Distance (T&D) standards and has found that correction is required for at least one network/county/specialty combination. This form identifies your required corrections and solicits information from you on why you cannot meet the standard(s) or how you are working to remedy them.

² Note: Example values displayed in screenshots are included for demonstration purposes only.

SECURITY WARNING: Macros have been disabled. [Enable Content](#)

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PY2024 Network Adequacy (NA) Justification Form

General Information

Purpose CMS has reviewed the data you submitted to assess compliance with network adequacy Time & Distance (T&D) standards and has found that correction is required for at least one network/county/specialty combination. This form identifies your required corrections and solicits information from you on why you cannot meet the standard(s) or how you are working to remedy them.

Completing the Monitoring & T&D Justification Tab

Navigate to the Monitoring & T&D Justification tab and **answer the four required questions in rows 3 – 6**. These questions only relate to the plan(s) that this NA Justification Form covers, and must be answered in order to be credited for ongoing provider recruitment efforts reported in the Recruitment Activity tab.

In **cell J3**, enter all applicable sources used to monitor for new providers entering the service area. In **cell J4**, use the dropdown menu to indicate how often you monitor for new providers entering the service area. In **cell J5**, use the dropdown menu to indicate whether QHP enrollees of this plan are only responsible for in-network costs for out-of-network care received when the issuer does not meet the network adequacy standards for a network/county/specialty combination. In **cell J6**, enter the number of QHP enrollee complaints the issuer has received regarding access to network adequacy in the prior plan year. New QHP issuers may enter “N/A.”

	A	B	C	D	E	F	G	H	I	J	
1											
2	Questions Pertaining to Monitoring and Mitigating Measures for Provider Network Gaps										
3	What sources do you use to monitor for new providers entering your service area? (enter all that apply)*									Physician Compare, PPES	
4	How often do you monitor your sources for new providers entering your service area?*									Monthly	
5	Do you hold QHP enrollees of this plan responsible for only in-network cost sharing for out-of-network care received when you do not meet the network adequacy standards for a network/county/specialty combination?*									Yes	
6	What is the number of QHP enrollee complaints received regarding network adequacy during the prior Plan Year?*									2	

After answering the required questions, click the “Validate” button in **column M**. Selecting this button will generate a pop-up message that validation errors were found in the Monitoring & T&D Justification tab; required cells that need to be completed or are populated incorrectly will be shaded in red in column M.

	J	K	L	M
1				
2				
3	Physician Compare, PPES			
4	Monthly			
5	Yes			
6	2			
7				
8				
9	Validate			
10	Unmet Provider Specialty Type	Actual Percent with Access	Required Percent to Pass (Threshold)	Issuer Response
11	Gynecology, OB/GYN	78.04%	90.00%	Primary Reason(s) On Record for Unmet Standard -- Select all that apply (Required Field*)
12	Mammography	51.87%	90.00%	

Review the CMS-identified required correction information detailed in **columns B – L**, as shown below. These columns contain the issuer's network adequacy review results, and each row included on this tab represents a required correction. Each required correction record includes the following information:

1. Issuer ID;
2. Source System;
3. State;
4. Review Round;
5. Unmet Network ID;
6. FIPS Code;
7. Unmet County;
8. County Type;
9. Unmet Provider Specialty Type;
10. Actual Percent with Access; and
11. Required Percent to Pass (Threshold).

CMS Review Results (correction findings)											
Issuer ID	Source System	State	Review Round	Unmet Network ID	FIPS Code	Unmet County	County Type	Unmet Provider Specialty Type	Actual Percent with Access	Required Percent to Pass (Threshold)	
12345	HIOS	FL	Initial Round	FLN001	12001	Alachua	Metro	Gynecology, OB/GYN	78.04%	90.00%	
12345	HIOS	FL	Initial Round	FLN001	12001	Alachua	Metro	Mammography	51.87%	90.00%	
12345	HIOS	FL	Initial Round	FLN001	12001	Alachua	Metro	Outpatient Infusion/Chemotherapy	69.00%	90.00%	
12345	HIOS	FL	Initial Round	FLN001	12001	Alachua	Metro	Primary Care - Pediatric	9.84%	90.00%	

Address each required correction by using the dropdown in **column M** to select the primary reason(s) you did not meet the standard for the given network/county/specialty combination. The selected reason(s) are subject to review and confirmation by CMS.

J	K	L	M
1			
2			
3	Compare PPES		
4	Monthly		
5	Yes		
6	2		
7			
8			
9			
10	der Specialty Type	Actual Percent with Access	Required Percent to Pass (Threshold)
11	/GYN	78.04%	90.00%

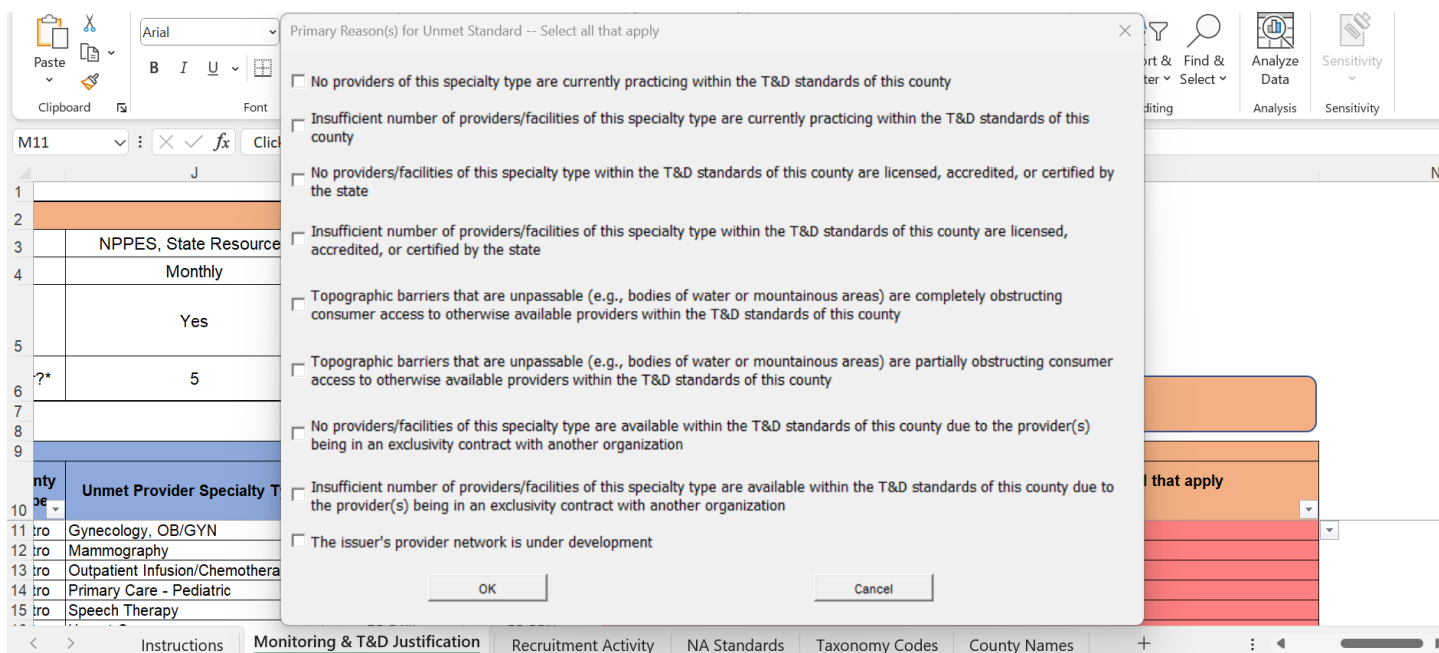
Validate

Issuer Response

Primary Reason(s) On Record for Unmet Standard -- Select all that apply (Required Field*)

No providers of this specialty type are currently practicing within the T&D standards of this county

A pop-up window will appear from which you can select the applicable reason(s). After clicking the applicable reason(s), click "OK."



A second pop-up window may appear if your option(s) includes reference to no providers or insufficient providers/facilities of the specialty type within the respective county's time and distance standards are licensed, accredited, or certified by the state, indicating that you must fill out provider information on the Recruitment Activity sheet. Click "OK".

After filling out the reasons for Unmet Status, click the "Validate" button at the top of [column M](#) again. All required fields that are not populated or incorrectly populated will be highlighted in red. While the NA Justification Form can be submitted without clicking the "Validate" button, this button allows issuers to quickly identify all required cells that need to be populated.

Completing the Recruitment Activity Tab

- You should include information on the Recruitment Activity tab for any providers with whom you cannot contract due to the following reasons: Provider rejected good faith offer (helps to demonstrate your good faith recruitment efforts).
- Provider has entered into an exclusivity contract with another organization prohibiting the provider from contracting with you.
- Provider not licensed, accredited, or certified by the state.
- Provider moved, retired or facility closed (relevant if you were previously contracted with the provider, as this may help to explain a new gap compared to last year).
- Provider does not contract with any commercial insurance organizations.

This tab also provides space for you to document those providers with whom you are continuing to pursue a contract for the upcoming plan year that has not yet been fully executed. For such circumstances, you should select "Contract negotiations being conducted" from the dropdown menu in column L to reflect your good faith recruitment activities.

CMS strongly encourages issuers to include any provider recruitment activities for all relevant network/county/specialty combinations listed in the Monitoring & T&D Justification tab, including any ongoing, concluded, and unsuccessful activities.

To add a provider to the Recruitment Activity tab, enter FIPS and county information in **columns B – C** for the applicable row(s). Then use the dropdown menu to select the provider’s specialty type under **column D**. Enter the providers NPI, facility name, address, and point of contact under **columns E – K**.

	A	B	C	D	E	F	G	H	I	J	K
1	Validate										
2	Issuer Input: Recruitment Activity										
3		FIPS Code	County	Specialty Type	NPI	Provider/Facility Name	Street Address	City	State	Zip Code	Point of Contact Phone
4		02020	Anchorage	001 General Practice	1234567890	Family Doctor	12345 Main St.	Anchorage	AK	99501	(555) 555-5555
5											
6											

Click the dropdown in **column L** to select the current status for your recruitment efforts with the provider. Finally, provide any additional information that may be beneficial to CMS in **column M**.

	G	H	I	J	K	L	M
1	Validate						
2	Issuer Input: Recruitment Activity						
3	Street Address	City	State	Zip Code	Point of Contact Phone	Status of Recruitment Efforts	Comments
4	12345 Main St.	Anchorage	AK	99501	(555) 555-5555	Good faith offer rejected	
5							
6							

Once all the required information is entered, click the “Validate” button in **row 1**. All required fields that are not populated or incorrectly populated will be highlighted in red. While the NA Justification Form can be submitted without clicking the “Validate” button, this button allows issuers to quickly identify all required cells that need to be populated.

Saving the Network Adequacy Justification Form

To save a completed Network Adequacy Justification Form, click Save, and ensure the file is saved as a macro-enabled Excel file (the file name should end in “-.xlsm”). A warning prompting you to complete all missing data will appear when the Network Adequacy Justification Form is saved with a required field that is either blank or missing data.

Do not rename the completed justification form. If you do, use the following naming convention: **[Issuer ID]-NA-[Round Abbreviation].xlsm** (e.g., “12345-NA-IR.xlsm”). If submitting a completed justification form for the initial, secondary, or final round submission deadlines, use the round abbreviations “IR,” “SR,” and “FR” respectively.



Additional Resources

- For questions about completing your QHP Application, including questions about Network Adequacy standards, reference the [Essential Community Providers and Network Adequacy webpage](#) and the [Essential Community Providers and Network Adequacy FAQs webpage](#) of the QHP certification website.
- Marketplace Service Desk (MSD)
 - CMS_FEPS@cms.hhs.gov
 - 1-855-CMS-1515 (1-855-267-1515)