Qualified Health Plan
Issuer Application Instructions

Plan Year 2024

Extracted section:
Section 2E: Essential Community Providers/Network Adequacy

CMS

Section 2E: Essential Community Providers/Network Adequacy

1. Introduction

In the Essential Community Providers (ECP)/Network Adequacy (NA) section of MPMS, 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 2E-1).

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 NA portion of the ECP/NA Template, you may include providers outside the service area, even if they are across state lines in order to satisfy time and distance requirements. 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. When completing the essential community provider portion of the ECP/NA Template, 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. 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). Issuers applying under the Alternate ECP Standard must submit an ECP Write-in Worksheet. As a reminder, issuers can only qualify to apply under the Alternate ECP Standard if they provide the majority of their covered professional services through providers that the issuer directly employs or through a single contracted medical group, as such providers do not qualify for inclusion on the Final ECP List. Issuers applying under the General ECP Standard have the option of submitting an ECP Write-in Worksheet to reflect contracted providers that have been newly added to the Available List of ECP Write-ins that qualify for inclusion on the subsequent plan year's Final ECP List. Both Alternate and General Standard Issuers will receive credit toward satisfaction of the ECP standard for any providers included on the issuer's submitted and successfully validated ECP Write-in Worksheet.

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 the completed form to the PM Community by the required deadline. CMS accepts only official ECP Justification Forms in Excel format and does not accept 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. NA Justification Form (as applicable). Issuers will retrieve a partially populated NA Justification Form from the PM Community with information regarding their deficient networks. Once issuers have completed their portions of the NA Justification Form, they will submit the completed form to the PM Community by the required deadline. CMS accepts only the official NA Justification Form in Excel

format and does not accept individually customized supplemental response forms as a substitute for the official form.

3. Quick Reference

Key Changes for PY2024

◆ All medical QHPs and SADPs must use a provider network and submit an ECP/NA Template, with the limited exception of SADPs that sell plans in areas where it is prohibitively difficult for the issuer to establish a network of dental providers as determined by CMS; this exception is not available to medical QHP issuers.

  ▪ Under this limited exception, an area is considered "prohibitively difficult" for the SADP issuer to establish a network of dental providers based on attestations from state departments of insurance with at least 80 percent of their counties classified as counties with extreme access considerations (CEAC) that at least one of the following factors exists in the area of concern: a significant shortage of dental providers, a significant number of dental providers unwilling to contract with Marketplace issuers, or significant geographic limitations impacting consumer access to dental providers.

  ▪ CMS will not be accepting requests for this limited exception directly from SADP issuers. Once an eligible state department of insurance submits to CMS an attestation that they consider the area to be prohibitively difficult to establish a network of dental providers, CMS will review the attestation to determine if an exception will be granted. CMS will notify the SADP issuer directly if they qualify for this limited exception. SADP issuers that qualify for this limited exception will not be required to use a provider network or submit an ECP/NA Template.

Essential Community Providers

◆ Issuers will be evaluated against an overall 35 percent ECP provider participation threshold, as in PY2023. New for PY2024, issuers will also be evaluated against a 35 percent threshold for two major ECP categories: Federally Qualified Health Centers (FQHCs) and Family Planning Providers.

◆ Two new major ECP categories have been added for PY2024: Substance Use Disorder (SUD) Treatment Centers and Mental Health Facilities. Therefore, there are a total of eight major ECP categories for PY2024. Issuers are required to offer 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). The one exception is for the major ECP category of Indian health providers (IHPs), because the third element of the ECP standard requires issuers to offer a contract in good faith to all available IHPs in the issuer's service area where an IHP is available, as opposed to only one IHP in each county.

◆ Rural Emergency Hospitals (REHs) have been added as a provider type under the Other ECP Providers category.

Network Adequacy

◆ The *Individual Providers (NA)* and *Facility Providers (NA)* tabs from the ECP/NA Template have been combined into a new tab: *Network Adequacy Provider.*

◆ Issuers must report if a provider offers telehealth services within the *Telehealth Services* column of the *Network Adequacy Provider* 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. CMS no longer accepts dummy entries for the NPI field, as all the provider specialty types and facility provider types for which CMS collects NA data for PY2024 have NPIs. You must obtain the provider's NPI prior to including the provider on the ECP/NA Template for PY2024. Contact the provider directly for the NPI if you do not know it. An issuer can better gauge its satisfaction of the NA requirements by ensuring that the NPIs that it lists are valid and active in National Plan & Provider Enumeration System (NPPES), as CMS removes invalid or inactive NPIs from an issuer's ECP/NA Template before conducting time and distance reviews. For NA purposes, submit the provider's NPI on the *Network Adequacy Providers* tab.

◆ For rural counties and CEACs for which issuers report within the issuer's NA Justification a provider supply shortage of primary care pediatricians, issuers are permitted to enter the family medicine physician provider type to count toward satisfaction of the "Primary Care–Pediatric" specialty type. This is in addition to the family medicine physician provider type currently counting toward issuer satisfaction of the "Primary Care–Adult" specialty type.

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.

◆ <u>Do not</u> change the file names on ECP/NA files after finalizing the template. This file-naming convention helps CMS identify your ECP/NA Template. If you change the file name, CMS may issue a required correction.

◆ 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/NA 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 PY2024 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 PY2024 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/NA Template.

  ▪ You rely exclusively on the Final PY2024 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 PY2024 HHS ECP List.

◆ The Available ECP Write-in List for the PY2024 QHP certification process will be made available within the PY2024 ECP Write-in Worksheet.

Network Adequacy

◆ Complete the NA sections of the ECP/NA Template, and submit all providers in the network, including ECP providers, in the *Network Adequacy Provider* tab. ECPs must be included even if also submitted in the *Facility ECPs* tab. For the NA 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 CEAC. The latest Medicare Advantage Health Services Delivery (HSD) Reference file[1] contains designations for each county. <u>These parameters are foundationally based on approaches used by the Census Bureau and the Office of Management and Budget</u>. 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 <u>not</u> 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 NA 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.

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-Medical Doctor (MD)/Doctor of Osteopathy (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).
◆ NPI Validation Report for NA 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

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

Figure 2E-1. Sample User Control Tab

User Control Tab	Steps
Issuer ID	Enter the five-digit HIOS Issuer ID.
SADP Only	Choose from the following: ◆ **Yes**—if the issuer only submits SADPs. ◆ **No**—if the issuer submits QHPs.
Source System	Select the name of the system used to submit the QHP Application: ◆ **HIOS**—if you are an FFE issuer. ◆ **SERFF**—if you are an issuer in a state performing plan management functions.
State	Use the drop-down menu to select the state in which you are applying to offer QHPs.
Is this an Alternate ECP Standard Issuer?	Choose from the following: ◆ **Yes**—if you are an Alternate ECP Standard issuer as described under 45 CFR 156.235(b). ◆ **No**—if you are a General ECP Standard issuer.

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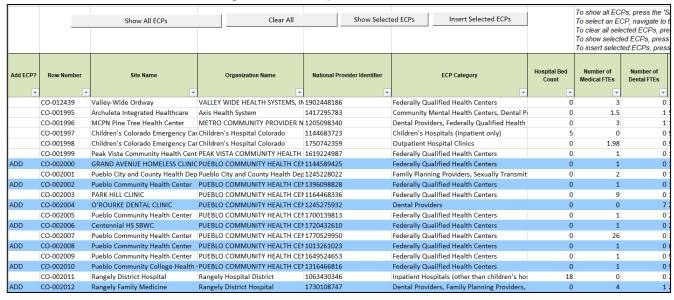
The following table details the steps for completing the ECP portion of the ECP/NA Template.

Select ECPs Tab	Steps
Filter ECPs	You can filter the columns in the *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. New for PY2024, the *Select ECPs* tab also has sorting functionality. Press the "Sort" button to sort by any column on the tab in ascending or descending order.
Add ECPs	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 *Add ECP?* Continue selecting the ECPs until all contracted ECPs from the ECP list are selected. ◆ 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. ◆ 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 unless selected again. ◆ 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	◆ Click **Insert Selected ECPs**. The selected ECPs will be inserted into the *Facility ECPs* 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 *Facility ECPs* tab that is not populated from the *Select ECPs* tab before submitting the template.

See Figure 2E-2 for a sample *Select ECPs* tab.

Figure 2E-2. Sample Select ECPs Tab

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, if applicable. If you are an issuer that offers both medical QHPs and SADPs, 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.

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Facility ECPs Tab	Steps
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: MD, DO, 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 2E-3 for a sample completed *Facility ECPs* tab.

Figure 2E-3. Sample Facility ECPs Tab

To remove ECPs from the *Facility 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.

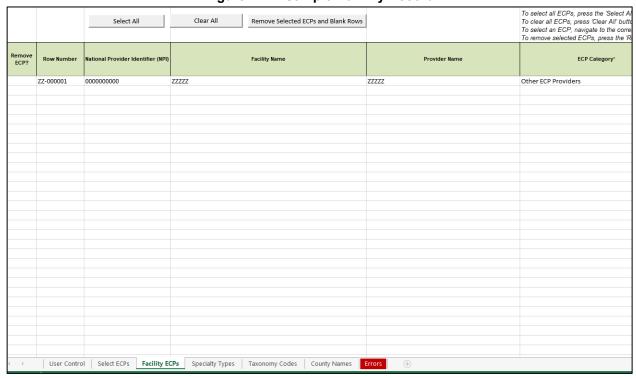Proposing networks without ECPs: If you are proposing networks without ECPs from the *Select ECP* tab, scroll to the end of the list to the record identified as "ZZ-000001" and double click anywhere in this row to add the dummy record to the *Facility ECPs* tab. Then enter the values in Table 2E-1 in the *Facility ECPs* tab to complete the dummy record entry as shown in Figure 2E-4.

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Table 2E-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 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 2E-4. Sample Dummy Record

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

The PY2024 Available ECP Write-in List and ECP Write-in Worksheet will be made available on the QHP certification website. The available ECP Write-in List for purposes of the PY2024 QHP certification process will also be made available within the rolling Draft PY2024 ECP List. If you are a General ECP Standard issuer, you may write in only those providers on the PY2024 Available ECP Write-in List.

If you are an Alternate ECP Standard issuer, use the ECP Write-in Worksheet to submit providers in HPSAs or low-income ZIP Codes for whom you directly employ or contract with through a single contracted medical group. We do not expect these providers to submit an ECP petition to be included on the Available ECP Write-in List because such providers are either your employees or practicing in 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.

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.

ECP Write-in Worksheet	Steps
Is this an Alternate ECP Standard Issuer?	Choose from the following: ◆ **Yes**—if you are an Alternate ECP Standard issuer as described in 45 CFR 156.235(b). ◆ **No**—if you are a General ECP Standard issuer.
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). 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 PY2024 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 PY2024 Available ECP Write-in List.
Site Name	Enter the site name as it appears on the PY2024 Available ECP Write-in List.
Organization Name	Enter the organization name as it appears on the PY2024 Available ECP Write-in List.
NPI	Enter the NPI as it appears on the PY2024 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 PY2024 Available ECP Write-in List.
Site Street Address 2	Enter additional street address information as it appears on the PY2024 Available ECP Write-in List, as applicable.
Site City	Enter the city as it appears on the PY2024 Available ECP Write-in List.
Site State	Select the site state from the drop-down list as it appears on the PY2024 Available ECP Write-in List.
Site ZIP Code	Enter the site ZIP Code as it appears on the PY2024 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 PY2024 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.

ECP Write-in Worksheet	Steps
	Submit the .txt file in the Supporting and Justifications Documents section on the *ECP/NA* tab of the ECP/NA section and label the file "ECP Write-in Worksheet."

Follow these instructions to complete the NA portion of the ECP/NA Template. For determining appropriate providers to include in the NA 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 NA 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.

- For rural counties and CEACs for which issuers report within the issuer's NA Justification a provider supply shortage of primary care pediatricians, issuers are permitted to enter the family medicine physician provider type to count toward satisfaction of the "Primary Care–Pediatric" specialty type. This is in addition to the family medicine physician provider type currently counting toward issuer satisfaction of the "Primary Care–Adult" specialty type.

- Under the following circumstances, APRNs and 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 *Network Adequacy Provider* tab, follow the steps in the tables.

Network Adequacy Provider Tab	Steps
NPI (required)	Enter the provider's 10-digit NPI. Contact the provider directly to acquire their NPI if you do not know it. For NA purposes, submit the subpart's NPI. For example, a hospital offers acute care,

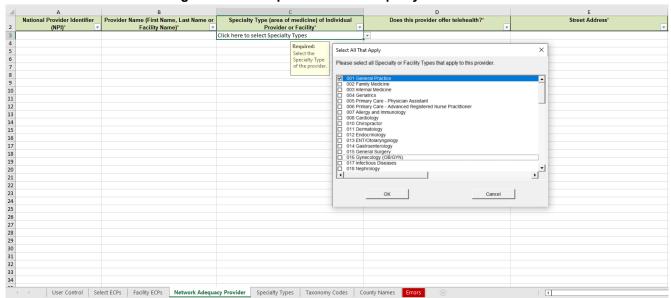| Network Adequacy Provider Tab	Steps
	laboratory, and rehabilitation services, and each subpart has its own NPI.[2] The parent organization-level NPI should not be reported. You must obtain the provider's NPI before including them on the ECP/NA Template for PY2024. CMS no longer accepts dummy entries for the NPI field. Ensure that the NPI is valid and active in the NPPES database.
Provider Name (First Name, Last Name or Facility Name	Enter the individual provider's first and last name or the name of the provider facility.
Specialty Type (area of medicine) of Individual Provider or Facility	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. ◆ 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 *Network Adequacy Provider* 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, do not list the provider. CMS does not accept specialties that do not fall within our defined Specialty Types lists.
Does this provider offer Telehealth?	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." From the drop-down menu, select **Yes** or **No** to indicate whether the provider offers telehealth services. If you have reached out to the provider and are awaiting a response, select **Requested information from provider and awaiting their response.**
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 of the ECP/NA Template. Do not include the Federal Information Processing Standards (FIPS) code when entering the county name.
ZIP Code	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.

Figure 2E-5. Sample Network Adequacy Provider Tab

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. You may use the *Taxonomy Codes* tab as a guide for the provider taxonomy types you 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.

  - You may not use the National Uniform Claim Committee (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. You 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.

After entering all data, click **Save** to ensure no data are lost. Once you complete the ECP/NA Template, you must validate, finalize, and upload it into MPMS.

Template Validation and Submission Step	Step Description
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 that you may finalize the template.

Template Validation and Submission Step	Step Description
Errors	Errors will appear on the *Errors* tab, which shows the data element, cell location, and validation error message for 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.
Save Template	**Save** the .ZIP file and template. We recommend you save the validated template as a standard Excel .XLSM file in the same folder as the finalized .ZIP file for easier reference.
Upload and Link Template	Upload the saved .ZIP file in the Plan Validation Workspace in MPMS and link the validated template to your application. Refer to the [MPMS User Guide](#) for additional guidance on how to complete these steps.

After uploading the necessary ECP/NA files and linking them to your application, you may need to upload supporting documentation. You must submit completed ECP and NA Justification Forms via the PM Community. If applicable, the ECP Write-In Worksheet must be submitted through the MPMS by selecting the ECP Write-in Worksheet document type from the drop-down menu. If you do not meet ECP standards because providers are unwilling to contract with you because they are owned by another issuer, attempt to recruit additional providers on the Final ECP List or the ECP Write-in 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.

Supporting Documents	Steps

ECP Justification Form	◆ If you receive a required correction for not meeting one or more of the following ECP standards, you must complete all required fields in the prepopulated ECP Justification Form generated by CMS, which can be retrieved from the *ECP/NA Justifications* tab of the PM Community.
	
	▪ For issuers applying under the General ECP Standard, the applicant must satisfy the following requirements:
	  - Contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network;
	  - Contracted with at least 35 percent of available FQHCs and at least 35 percent of available Family Planning Providers in each plan's service area to participate in the plan's provider network;
	  - 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
	  - 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.
	
	▪ 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:
	  - 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, including at least 35 percent of available FQHCs and at least 35 percent of family planning providers in the plan's service area; 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 to participate in the plan's

Supporting Documents	Steps
	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). ◆ 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. ◆ 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). For example, Issuer ID 12345 in the Initial Round that is a Medical QHP would be 12345-ECP-MedQHP-IR, and Issuer ID 12345 in the Initial Round that is an SADP would be 12345-ECP-SADP-IR. Replace IR with SR for the Second Round submission and with FR for the Final Round of submission. ◆ On the *ECP Justification & Monitoring* tab, you are strongly encouraged to include 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 you during the Post-certification Compliance Monitoring Program. ◆ All required fields in the ECP Justification Form must be completed before submission. Incomplete justifications will not be accepted. ◆ After submitting your completed ECP Justification Form, CMS will send you additional corrections via the *Corrections* tab in the PM Community if further corrections are required.
NA Justification Form	◆ If you receive a required correction for not meeting one or more of the NA standards, you must complete all required fields in the prepopulated NA Justification Form generated by CMS, which can be retrieved from the *NA Justification* 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. ◆ The completed NA Justification Form should be saved in the required macro-enabled Excel format (.xlsm) and submitted via the PM Community by the required deadline for each submission round. Do not rename the Justification Form. If you do rename the file, use the following naming convention: (Issuer ID)-NA-(Round Abbreviation). For example, Issuer ID 12345 in the Initial Round would be 12345-NA-IR. Replace IR with SR for the Second Round submission and with FR for the Final Round of submission. ◆ If CMS learns of local challenges impacting all issuers in a given service area, such as topographical features or insufficient provider supply, which 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 NA standard for the purpose of potentially clearing the assigned correction, as CMS deems appropriate. ◆ On the *Monitoring & T&D Justification* tab of the NA Justification Form you must provide an answer to the four service area monitoring questions at the top of the worksheet for CMS to consider any barriers you report within the "*Primary Reasons on Record for Unmet Standard*" column. ◆ On the *Monitoring & T&D Justification* tab of the NA Justification Form, you must provide a Primary Reason(s) for not meeting the standard related to each correction. ◆ On the *Additional Activity* tab of the NA Justification Form, you are strongly encouraged to include 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 Post-certification Compliance Monitoring Program. ◆ All required fields in the NA Justification Form must be completed before submission. Incomplete justifications will not be accepted.

Supporting Documents	Steps
	◆ After submitting your completed NA Justification Form, CMS will send you additional corrections via the *Corrections* tab in the PM Community if further corrections are required.

This concludes the ECP/NA section of the QHP Application Instructions.