

Qualified Health Plan Issuer Application Instructions

Plan Year 2025

Extracted section:
Section 2J: Network Adequacy

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1. Introduction

In the Network Adequacy (NA) section of the Marketplace Plan Management System (MPMS), qualified health plan (QHP) issuers must demonstrate that they have a sufficient number and geographic distribution of 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 2J-1).

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

- Medical QHP
- SADP

See Appendix D for additional information.

2. Data Requirements

To complete this section, issuers will need the following:

1. Health Insurance Oversight System (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 Template, providers outside the service area may be included to satisfy time and distance requirements, even if they are across state lines. If a provider is in-network and enrollees can access services from the provider within the requisite time and distance standards for the respective county type designation, 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. NA Justification Form (as applicable). Issuers will retrieve a partially populated NA Justification Form from MPMS with information regarding their deficient network, county, and specialty combinations. Once issuers have completed their portions of the NA Justification Form, they will submit the completed form to MPMS by the required deadline. CMS will accept 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 PY2025

Network Adequacy

- ♦ The general attestation in MPMS referencing 45 CFR 156.230 includes both time and distance and appointment wait times (AWT).
- ♦ Existing issuers should download their previous year's NA provider data into their upcoming year's NA Template in MPMS. New issuers should download and populate a new NA Template.
- ♦ After making updates to the previous year's data or completing a new NA Template, issuers must upload the completed file to the Validation Workspace. All errors must be corrected before linking the NA Template to an application.
- ♦ Issuers will now retrieve and submit the NA Justification Forms in the Network Adequacy section in MPMS rather than in the Plan Management (PM) Community.
- ♦ All medical QHPs and stand-alone dental plans (SADPs) operating on the Federally-Facilitated Exchange (FFE), including issuers in states performing plan management functions and State-based Exchange on the Federal Platform (SBE-FP) states, will submit their completed NA Template via MPMS.
- ♦ Provider validations will identify provider data errors that an issuer has made upon upload of their NA Template into the Plan Validation Workspace of MPMS and require the issuer to correct such errors within the Plan Validation Workspace and verify that no additional errors exist before submitting their NA Template.

Tips for the NA Section

General

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

Tips for the NA Section

- ◆ Do not change the file names on NA files after finalizing the template. This file-naming convention helps CMS identify each issuer's NA Template. If the file name is changed, CMS may issue a required correction.
- ◆ Complete the Network ID Template before completing the NA Template.
- ◆ Issuers must only include providers on the NA Template that are not at known risk for potential contract termination for the upcoming plan year.
- ◆ All medical QHPs and SADPs operating on the FFE, including issuers in states performing plan management functions and SBE-FP states, will submit their completed NA Template via MPMS.
- ◆ 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 NA standards are issued a correction notice and a partially populated NA Justification Form for the issuer to retrieve, complete, and submit via MPMS.

Network Adequacy

- ◆ All medical QHPs and SADPs must use a provider network and submit an 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 (DOIs) with at least 80 percent of their counties classified as counties with extreme access considerations (CEAC), meaning 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 DOI 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 NA Template.
- ◆ Issuers complete the NA Template by including all providers in their network in the *Network Adequacy Provider* tab, using the **Taxonomy Codes** tab of the NA Template to crosswalk provider taxonomy codes to provider specialty types and categories for time and distance standards.
- ◆ Providers in another state that are part of the network may be included if they are located within the time and distance allowed for reasonable access¹ 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 Health Service Delivery (HSD) Reference file is not applicable to QHP certification.
- ◆ Issuers must submit valid and active NPI values. If an NPI value is not found in the National Plan and Provider Enumeration System (NPPES), the issuer must remove the NPI from their NA Template data to clear the validation error in the Plan Validation Workspace within MPMS.
- ◆ Issuers must not select more than three individual provider specialty types for a single NPI within the NA Template. If greater than three individual provider specialty types are selected for a single NPI, the issuer must remove any excess selections to clear the validation error in the Plan Validation Workspace within MPMS.
- ◆ Issuers must not report an individual provider as practicing at more than 10 unique locations or a provider facility as operating at more than 10 unique locations within their NA Template. To clear the validation error, issuers must remove locations that exceed the limit of 10 unique locations for the respective provider.
- ◆ Issuers must enter no greater number of Acute Inpatient Hospitals (with emergency services available 24/7) within their NA Template than the total number of such hospitals operating in the respective states in which the providers are located (excluding specialty hospitals, such as those on the [Department of Health and Human Services [HHS] Essential Community Provider [ECP] List). If an issuer receives this validation error, the issuer must review their data and make the necessary corrections to accurately report their in-network Acute Inpatient Hospitals within their NA Template to clear the validation error in the Plan Validation Workspace within MPMS.
- ◆ Issuers must not enter a PO Box in the address field for a provider within their NA Template. To clear the validation error in the Plan Validation Workspace within MPMS, issuers must replace any PO Boxes with a valid street address at which the provider offers services to enrollees. Entering a valid street address enables CMS to calculate time and distance measurements for the respective provider.

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

Tips for the NA Section

- ◆ Issuers should reference the *Taxonomy Codes* tab of the NA Template to crosswalk provider taxonomy codes to provider specialty types and categories for time and distance standards.
- ◆ 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).

Additional Resources

- ◆ There are [supporting documents](#) for this section.
- ◆ There are no instructional videos for this section.
- ◆ There are [templates](#) for this section.

4. Detailed Section Instructions

Existing issuers should navigate to the Application Tools section in MPMS, select Application Materials, and download the data from the prior year's template directly into the current year's NA Template. New issuers download a blank NA Template from the [QHP certification website](#) and populate it according to the following instructions and guidelines. All issuers must upload the NA Template into the Plan Validation Workspace and verify that no errors exist.

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

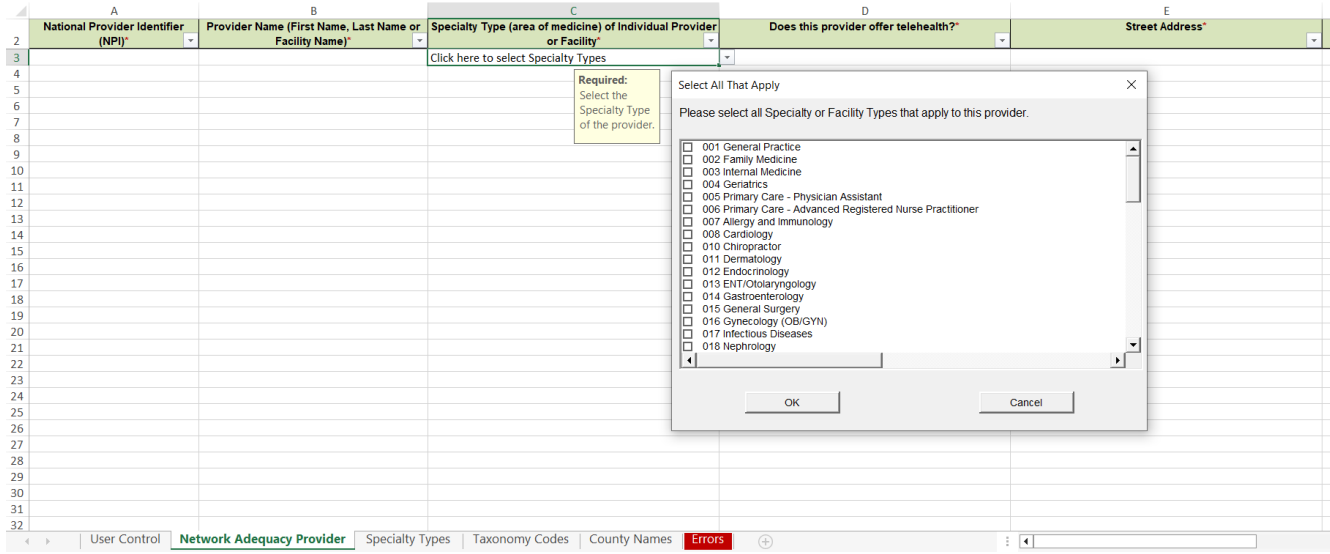
- Reference the *Taxonomy Codes* tab of the NA Template to crosswalk provider taxonomy codes to provider specialty types and categories for time and distance standards.
- Acute Inpatient Hospitals (facility specialty type code 040) are defined as facilities that provide inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition), and 24/7/365 emergency services. Due to known data integrity issues (e.g., a high number of hospital outpatient facilities being incorrectly reported by providers as acute inpatient hospitals in NPPES), issuers should not use the National Uniform Claim Committee (NUCC) hospital taxonomy code to identify such hospitals for NA submissions. Additionally, inpatient specialty hospitals that fall within the ECP inpatient hospital category (e.g., Children’s Hospitals, Free-standing Cancer Centers, Critical Access Hospitals) that are participating in an issuer’s network should be listed only within the ECP section of MPMS, rather than within both the NA and ECP sections.
- For Cardiac Surgery Programs (facility specialty type code 041), Cardiac Catheterization Services (facility specialty type code 042), and Critical Care Services – Intensive Care Units (ICUs) (facility specialty type code 043), issuers must report within their network adequacy submissions the respective provider types that filter into these facility specialty types. Since these are services rather than facility types, there are no specific taxonomy codes that align completely with these specialty codes.
- 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. Issuers should contact providers directly to acquire their NPIs. For NA purposes, issuers must report each individual provider under their unique practitioner NPI and each provider facility under their site-specific facility NPI. The parent organization-level NPI should not be reported. Issuers should only include providers in the NA Template after obtaining their NPI. 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. An individual practitioner’s name should not be entered for a provider facility type, unless it is part of the name of the facility. Similarly, a provider facility’s name should not be entered for an individual provider specialty type.

Network Adequacy Provider Tab	Steps
Specialty Type (area of medicine) of Individual Provider or Facility	<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 that do not exceed three specialty types for individual providers.</p> <ul style="list-style-type: none"> ◆ The template does not allow direct entry into this field. However, data may be copied and pasted into the template if the specialty type names match how they appear in the <i>Specialty Types</i> tab data, such as 001 General Practice. Errors will appear if pasted data do not exactly match the specialty type format used in the <i>Network Adequacy Provider</i> tab. ◆ To enter more than one specialty type for a provider, each specialty type must be separated by a comma and a space. Issuers must not select more than three individual provider specialty types for a single NPI within the NA Template. A validation error will result if an issuer exceeds this limit. ◆ Do not include provider specialties except those the provider is actively practicing and providing services. ◆ If the specialty type is not listed in the <i>Specialty Types</i> tab, do not list the provider. CMS does not accept specialties that do not fall within the defined Specialty Types lists.
Does this provider offer Telehealth?	<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 Yes or No to indicate whether the provider offers telehealth services. If the issuer has reached out to the provider and is awaiting a response, select Requested information from provider and awaiting their response.</p>
Street Address	<p>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 field, because it cannot be geocoded for analysis. All providers with a PO Box in the address will be excluded from time and distance analysis. Issuers must not report an individual provider as practicing at more than 10 unique locations or a provider facility as operating at more than 10 unique locations within their NA Template. A validation error will result if an issuer exceeds this limit.</p>
Street Address 2	<p>Enter additional street address information, if applicable.</p>
City	<p>Enter the city where the provider is located.</p>
State	<p>Enter the state where the provider is located or select the state using the drop-down menu.</p>
County	<p>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 NA Template. Do not include the Federal Information Processing Standards (FIPS) code when entering the county name.</p>
ZIP Code	<p>Enter the ZIP Code where the provider is located. ZIP Codes must include either five (12345) or nine (12345-6789) digits.</p>
Network ID	<p>When entering network IDs, use the same network IDs as those assigned in the Network ID Template and the Plans & Benefits Template. <u>Issuers that offer both medical QHPs and SADPs must create separate network IDs for their 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.</p>

Figure 2J-2. 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 NA Template.
- The *Taxonomy Codes* tab contains the taxonomy codes that correspond to provider specialty types listed within the *Specialty Types* tab. The *Taxonomy Codes* tab may be used as a guide for the provider taxonomy types required for inclusion in submissions. The *Taxonomy Codes* tab also has columns to show which taxonomy codes crosswalk into each time and distance specialty type.
- The *County Names* tab contains the county names that are used and accepted in the NA Template.
- The *Errors* tab displays any validation errors identified when a completed 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 the NA Template is completed, it must be validated, finalized, and uploaded into MPMS.

Template Validation and Submission Step	Step Description
Validate Template	Click Validate on the <i>User Control</i> tab. The validation process identifies any data issues that need to be resolved. If no errors are identified, the message “No validation errors were identified. Validation is complete.” will display, indicating that the template may be finalized.
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 Validate again. Repeat until all errors are resolved.
Create Documents	Once all validations are complete, click Create Documents 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.
Save Template	Save the .ZIP file and template. CMS recommends saving the validated template as a standard Excel .XLSM file in the same folder as the finalized .ZIP file for easier reference.

Template Validation and Submission Step	Step Description
Upload and Validate Template In MPMS	Upload the saved .ZIP file in the Plan Validation Workspace in MPMS. Refer to the MPMS User Guide for additional guidance on how to complete these steps.
Link Template In MPMS	Link the validated template to the issuer’s application. Refer to the MPMS User Guide for additional guidance on how to complete these steps.

After uploading the necessary NA files and linking them to the application, NA Justifications Forms may also need to be uploaded. Completed NA Justification Forms must be submitted in the Network Adequacy section in MPMS.

Supporting Documents	Steps
NA Justification Form	<ul style="list-style-type: none"> ◆ If a required correction for not meeting one or more of the NA standards is received, all required fields in the prepopulated NA Justification Form generated by CMS must be completed. This form can be retrieved from MPMS. Refer to the MPMS User Guide. ◆ The completed NA Justification Form should be saved in the required macro-enabled Excel format (.xlsm) and uploaded into the Network Adequacy section of MPMS by the required deadline for each submission round. Do not rename the Justification Form. If the file is renamed, the following naming convention should be used: (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 of 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 <i>Monitoring & T&D Justification</i> tab of the NA Justification Form, an answer must be provided to the four service area monitoring questions at the top of the worksheet for CMS to consider any barriers reported within the “<i>Primary Reasons on Record for Unmet Standard</i>” column. ◆ On the <i>Monitoring & T&D Justification</i> tab of the NA Justification Form, a Primary Reason(s) must be provided for not meeting the standard related to each correction. ◆ On the <i>Recruitment Activity</i> tab of the NA Justification Form, CMS strongly encourages issuers to include provider recruitment activities for the network, county, and specialty combinations for which required corrections were received, including any ongoing, concluded, and unsuccessful activities. This additional provider recruitment data will inform next steps that may be required of the issuer as part of a compliance plan. ◆ All required fields in the NA Justification Form must be completed before submission. Incomplete justifications will not be accepted. ◆ After issuers submit the completed NA Justification Form, CMS will send additional corrections via MPMS if further corrections are required.

This concludes the NA section of the QHP Application Instructions.