

Qualified Health Plan Issuer Application Instructions

2021

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

[05/2020]

Version 1.1

Section 1E: Essential Community Providers/Network Adequacy

1. Introduction

In the ECP/Network Adequacy section, issuers demonstrate that they meet the requirements of sufficient number and geographic distribution of ECPs and collect provider data in each network associated with a QHP. These instructions apply to QHP and SADP issuers.

2. HIOS Interface

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

1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the annual Letter to Issuers)?
 - a. To meet the General ECP Standard, the applicant has
 - i. contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network;
 - ii. offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QHP certification plan year; and
 - iii. offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).
 - b. To meet the Alternate ECP Standard, the applicant has
 - i. contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network and
 - ii. offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the General ECP Standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADP applicants).

Yes. (Answer **Yes** if the applicant meets the ECP requirements listed above.)

No. (Answer **No** if the applicant does not meet the ECP requirements listed above. Applicants answering **No** are required to submit a supplemental ECP response.)

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

Yes.

No.

3. Data Requirements

To complete this section, issuers will need the following:

1. HIOS Issuer ID.
2. Issuer state.
3. Completed Network ID Template.
4. If completing the network adequacy portion of the template, a list of providers in each of the proposed networks, including providers outside the service area (such as in contiguous counties, even if they are across state lines). If a provider is in-network and enrollees can access that service, include the provider name, National Provider Information (NPI), specialty and facility type, street address of the location providing services, city, state, county, and ZIP code.

Note: This section is required only for issuers notified by email that they need to provide this information. All other issuers do not need to populate the network adequacy sections of the template.

5. A list of ECPs in each of the proposed networks, including the provider name, NPI, ECP category, street address of the location providing services, city, state, county, ZIP code, number of contracted providers, and associated issuer network IDs.
6. An ECP Write-in Worksheet (as applicable).
7. Supplemental ECP Response—QHP (as applicable).
8. Supplemental ECP Response—SADP (as applicable).
9. Network Adequacy Access Plan with Cover Sheet (issuers who are required to submit access plans will be notified by email).

4. Quick Reference

Key Changes for 2021

- ◆ No changes for the 2021 QHP Application.

Tips for the ECP/Network Adequacy Section

General

- ◆ Issuers must complete the Issuer Information section on the User Control tab before creating and entering the rest of their data into the other tabs.
- ◆ Issuers *should not* change the file names on their ECP/Network Adequacy files after finalizing the template. This file-naming convention allows the Centers for Medicare & Medicaid Services (CMS) to easily identify an issuer's ECP/Network Adequacy Template. Changing the file name could cause the issuer to receive a correction.
- ◆ Complete the Network ID Template before completing the ECP/Network Adequacy Template.
- ◆ The PY2021 ECP/Network Adequacy Template includes the ability to delete rows.

ECP

- ◆ Issuers will provide hospital bed-count information as part of the ECP portion of their ECP/Network Adequacy Template.
- ◆ Issuers will be evaluated against a 20 percent ECP standard.
- ◆ The Available ECP Write-in List for purposes of the PY2021 QHP certification process will be made available within the rolling Draft PY2022 ECP List accessible at https://data.healthcare.gov/ccio/ecp_petition.

Network Adequacy

- ◆ Except for Medical QHP issuers in network breadth pilot states who will be notified by email, issuers are *not* required to submit network adequacy data (Individual and Facility/Pharmacy) via the ECP/Network Adequacy Template. Medical QHP issuers who are notified by email that they are in a network breadth pilot state must submit the network adequacy data.
- ◆ Issuers notified by email that they must complete the network adequacy sections of the ECP/Network Adequacy Template (i.e., medical issuers in network breadth pilot states) must include within the Individual Providers and Facilities & Pharmacies tabs all providers in the network, including ECP providers, even if they are also included in the ECP tabs.
- ◆ For the Individual Providers and Facilities & Pharmacies tabs, include all providers in the network, including ECP providers, even if they are also included in the ECP tabs. Remember this may include providers in another state that are part of the network but may be within the time and distance allowed for reasonable access.
- ◆ CMS will not request network adequacy justifications.
- ◆ If a QHP and SADP issuer is required to submit an Access Plan with Cover Sheet, they will be notified by email. Access plans must be uploaded as supporting documents (see the Supporting Documents table at the end of this section for details).

5. Detailed Section Instructions

User Control Tab	Steps
HIOS Issuer ID	Enter the five-digit HIOS Issuer ID.
Source System	Select the name of the system used to submit the QHP Application: <ul style="list-style-type: none"> ◆ HIOS—if the user is an FFE issuer. ◆ SERFF—if the user is an issuer in a state performing plan management functions.
State	Select the state in which the issuer is applying to offer QHPs using the drop-down menu.
Is this an Alternate ECP Standard Issuer?	Choose from the following options: <ul style="list-style-type: none"> ◆ Yes—if the user is an Alternate ECP Standard issuer as described under 45 CFR 156.235(b). ◆ No—if the user is a General ECP Standard issuer.

Create Individual Provider (MD/DO) Tab: Click the **Create Individual (MD/DO) Tab** button. This action creates one **Individual Provider1** tab (clicking this button more than once creates multiple tabs, such as Individual Providers2, Individual Providers3, etc.). CMS will only collect individual provider data from issuers participating in the continued network breadth pilot project for PY2021. *Do not* click the **Create Individual (MD/DO) Tab** button unless you have been notified by email to submit these data. *Note:* When populating the **Individual (MD/DO) Tab**, include all providers in the network including ECP providers even if they are also included in the ECP tabs.

Create Facility, Pharmacy, Non-MD/DO Tab: Click the **Create Facility, Pharmacy, Non-MD/DO Tab** button. This action creates one **Facilities & Pharmacies1** tab (clicking this button more than once creates multiple tabs, such as Facilities & Pharmacies2, Facilities & Pharmacies3, etc.). CMS will only collect facility provider data from issuers participating in the continued network breadth pilot project for PY2021. *Do not* click the **Create Facility, Pharmacy, Non-MD/DO Tab** button unless you have been notified by email to submit these data. *Note:* When populating the **Facility, Pharmacy, Non-MD/DO Tab**, include all providers in the network including ECP providers even if they are also included in the ECP tabs.

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

A sample completed **User Control** tab looks like **Figure 1E-1**.

Select ECPs Tab	Steps
Insert ECPs	<ul style="list-style-type: none"> Click the Insert Selected ECPs button. The selected ECPs will be added to the Facility ECPs tab (if the sum of providers with more than one full-time-equivalent [FTE] practitioner in the Number of Medical FTEs and the Number of Dental FTEs and the number of inpatient hospital beds in the Hospital Bed Count is greater than one) or the Individual ECPs tab (providers with one or fewer FTE practitioners) of the ECP/Network Adequacy Template. The template will not populate duplicate ECPs into the Facility ECPs or Individual ECPs tabs. The issuer must complete any field within the Facility ECPs tab and Individual ECPs tab that is not populated from the Select ECPs tab before the template is validated. For each ECP facility that was selected and inserted from the Select ECPs tab, a record will be added to the Facility ECPs tab that includes the following: the row number, NPI, facility name, provider name, street address, city, state, ZIP, county, and ECP category. For each individual ECP that was selected and inserted from the Select ECPs tab, a record will be added to the Individual ECPs tab that includes the following: the row number, NPI, name of provider, specialty type, street address, city, state, ZIP, county, and ECP category.

A sample **Select ECPs** tab looks like **Figure 1E-2**.

Figure 1E-2. Sample ECPs Tab

A		B		C		D		E		F		G		H		I		J	
Show All ECPs				Clear All				Show Selected ECPs				Insert Selected ECPs				To show all ECPs, press the "Show All ECPs" button or Ctrl + Shift + U. To select an ECP, navigate to the corresponding row in the "Add ECP?" To clear all selected ECPs, press the "Clear All" button or Ctrl + Shift + C. To show selected ECPs, press the "Show Selected ECPs" button or Ctrl + S. To insert selected ECPs, press the "Insert Selected ECPs" button or Ctrl + I.			
Add ECP?	Flow Number	Site Name	Organization Name	National Provider Identifier	ECP Category (General ECP Standard Issuers Only)	Hospital Bed Count	Number of Medical FTEs	Number of Dental FTEs	Site Street Address 1										
	AK-000001	Adak Medical Clinic	EASTERN ALEUTIAN TRIBES, INC. (E)	1285796094	Community Mental Health Centers, Dental Pr	0	8	1	2105 Main St										
ADD	AK-000002	Akhiok Village Clinic	KODIAK AREA NATIVE ASSOCIATIO	1205883907	Dental Providers, Federally Qualified Health	0	1	1	3rd Ave										
	AK-000003	Yukon-Kuskokwim Health Corporat	Yukon-Kuskokwim Health Corporat	1447477815	Indian Health Service, Other ECP Providers, T	0	1	0	Main St										
ADD	AK-000004	Yukon-Kuskokwim Health Corporat	Yukon-Kuskokwim Health Corporat	1447477815	Indian Health Service, Other ECP Providers, T	0	1	0	148 Post Rd										
	AK-000005	ANESIA KUDRIN MEMORIAL CLINIC	Eastern Aleutian Tribes, Inc.	1558423392	Community Mental Health Centers, Dental Pr	0	1	1	113 Main St										
ADD	AK-000006	Yukon-Kuskokwim Health Corporat	YUKON-KUSKOKWIM HEALTH CORP	1447477815	Indian Health Service, Other ECP Providers, T	0	1	0	Anderson Street Clinic Drive										
	AK-000007	ALLAKAKET HEALTH CLINIC	Tanana Chiefs Conference (DENA)*	1821201278	Community Mental Health Centers, Dental Pr	0	0.2	0.02	Koyukuk River Junction										
ADD	AK-000008	SVT Health & Wellness	SELDOVIA VILLAGE TRIBE	1336178847	Federally Qualified Health Centers, Rural He	0	1	0	34361 Old Sterling Hwy										
	AK-000009	Quyana Club House	Southcentral Foundation	1144274986	Other ECP Providers, Tribal Health Program o	0	0.9	0	225 Eagle St										
ADD	AK-000010	Pediatric Cardiology of Alaska	Pediatric Cardiology of Alaska	1528203551	Other ECP Providers	0	2	0	3841 Piper St										
	AK-000011	Bleeding Disorder Center of Alaska	Providence Medical Group	1093956278	Hemophilia Treatment Centers	0	5	0	3851 Piper St										
ADD	AK-000012	The Pathway Home	Southcentral Foundation	1639102882	Inpatient Hospitals (other than children's hos	30	0	0	4000 San Ernesto Ave										
	AK-000013	Anchorage Health Center	Planned Parenthood of the Great N	1083700686	Family Planning Providers, Sexually Transmit	0	2	0	4001 Lake Otis Pkwy										
	AK-000014	Dena A Coy Residential	Southcentral Foundation	1184678559	Inpatient Hospitals (other than children's hos	14	0	0	4130 San Ernesto Ave										
	AK-000015	Alaska Native Medical Center (inpa	Alaska Native Tribal Health Consor	1437368891	Indian Health Service, Inpatient Hospitals (ot	167	0	0	4315 Diplomacy Dr										
	AK-000016	Alaska Native Medical Center (mult	Alaska Native Tribal Health Consor	1437368891	Dental Providers, Family Planning Providers,	0	1	14	4315 Diplomacy Dr										
	AK-000017	Alaska Native Medical Center - Sou	Southcentral Foundation	1437189339	Other ECP Providers, Tribal Health Program o	0	136.5	0	4315 Diplomacy Dr										
	AK-000018	SCF ANMC CLINIC	SOUTHCENTRAL FOUNDATION DEN	1861533408	Dental Providers	0	0	0	14315 Diplomacy Dr										
	AK-000019	Anchorage Native Primary Care Cen	Southcentral Foundation	1124064894	Community Mental Health Centers, Tribal He	0	11	0	4320 Diplomacy Dr										
	AK-000020	Behavioral Health Fireweed	Southcentral Foundation	1932159076	Community Mental Health Centers, Tribal He	0	1.7	0	4341 Tudor Centre Dr										
	AK-000021	SCF FIREWEED DENTAL CLINIC	SOUTHCENTRAL FOUNDATION DEN	1861533408	Dental Providers	0	0	1	4341 Tudor Centre Dr										

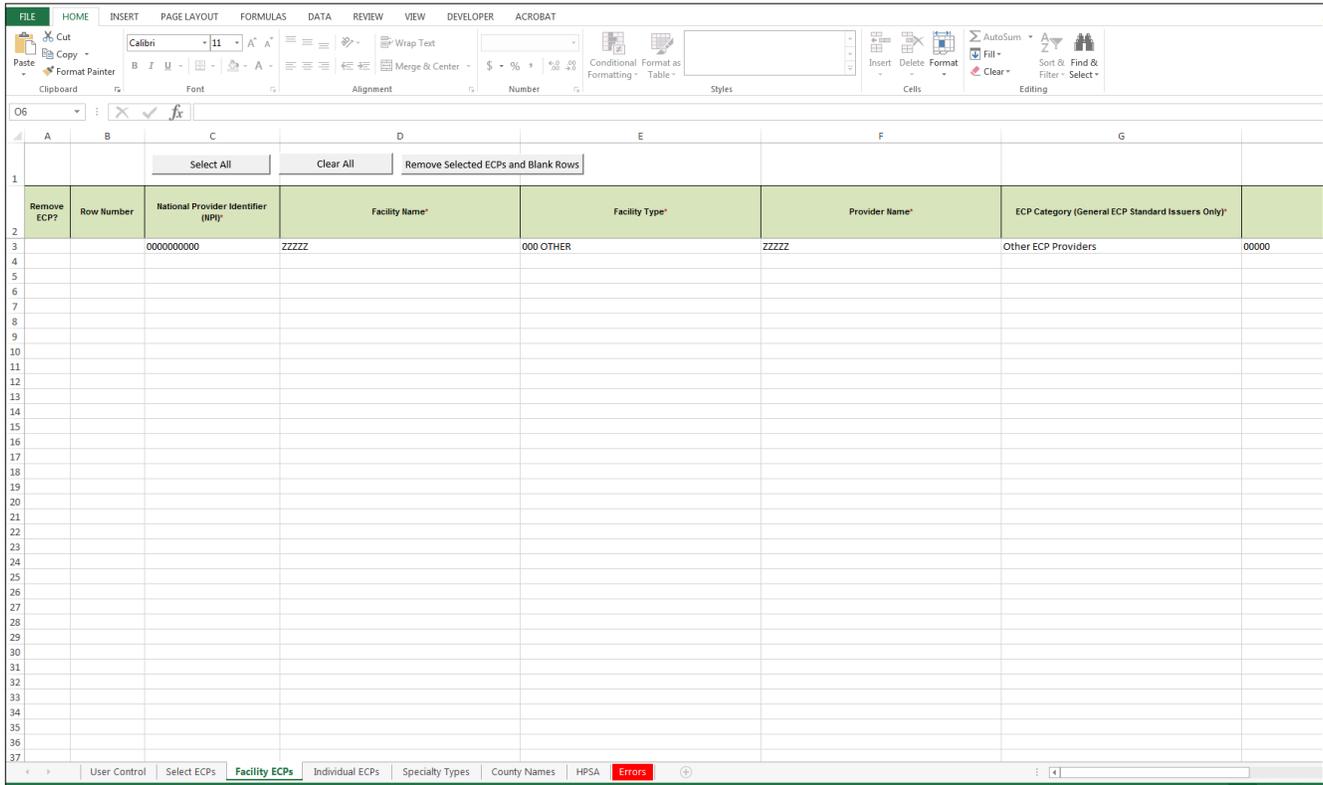
To complete the information on the **Facility ECPs** tab, follow the steps in the table below.

Facility ECPs Tab	Steps
Network IDs	Select the network IDs for each ECP. Issuers may select multiple network IDs for each ECP, as applicable. Dual-product issuers must create separate network IDs for their medical and dental plans.
Hospital Bed Count	Enter the number of inpatient hospital beds reported by the respective provider at each site location, as reflected in Column F (Hospital Bed Count) of the Select ECPs tab.
Number of Medical FTEs	Enter the number of medical FTEs that are included in the identified provider networks for each ECP facility with which the issuer has contracted. Allowable medical FTEs include only individuals who hold one of the following licenses to practice medicine: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), and Nurse Practitioner (NP). Decimal values may be entered as appropriate to reflect the contracted number of FTEs. Note that the maximum allowable number of FTEs is equal to the available FTEs reported by the respective provider at each site location, as reflected in Column G (Number of Medical FTEs) of the Select ECPs tab.

Facility ECPs Tab	Steps
Number of Medical FTEs	Enter 0 .
Number of Dental FTEs	Enter 0 .

A sample **Facility ECPs** tab for an issuer proposing a network without ECPs is shown in **Figure 1E-5**.

Figure 1E-5. Sample Facility ECPs Tab Proposing a Network



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

HHS will release the PY2021 Available ECP Write-in List and ECP Write-in Worksheet approximately two weeks prior to each QHP certification submission cycle. These documents will be made available at the QHP certification website (<https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy>). The Available ECP Write-in List for purposes of the PY2021 QHP certification process will also be made available within the rolling Draft PY2022 ECP List accessible at https://data.healthcare.gov/ccio/ecp_petition. For General ECP Standard issuers, only those providers included on the PY2021 Available ECP Write-in List will count as qualified ECP write-ins.

Alternate ECP Standard issuers must also use the ECP Write-in Worksheet to submit their employed or contracted ECPs located in HPSAs or low-income ZIP codes. CMS would not expect these practitioners to submit an ECP petition for their inclusion on the Available ECP Write-in List, as these practitioners are either employees of the issuer or a single contracted medical group and typically are unavailable to contract with other issuers.

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

ECP Write-in Worksheet	Steps
HIOS ID	Enter the five-digit HIOS Issuer ID.

ECP Write-in Worksheet	Steps
Issuer State	Select the state in which the issuer is applying to offer QHPs.
Is this an Alternate ECP Standard Issuer?	Choose from the following options: <ul style="list-style-type: none"> ◆ Yes—if the user is an Alternate ECP Standard issuer as described in 45 CFR 156.235(b). ◆ No—if the user is a General ECP Standard issuer.
Import Network IDs	Click on the Import Network IDs button to import data from the Network ID Template (please refer to Section 2A: Network ID for detailed instructions on this template). The network IDs will automatically be imported to the write-in worksheet, and you will receive a message indicating that the network IDs were successfully added.
Approved Write-in Row Number	Enter the row number as it appears on the PY2021 Available ECP Write-in List. For Alternate ECP Standard issuers reporting ECPs that are not required to submit an ECP provider petition (providers who are employed by the issuer or a single contracted medical group), enter “N/A” in this column.
Provider Name	Enter the provider name as it appears on the PY2021 Available ECP Write-in List.
Site Name	Enter the site name as it appears on the PY2021 Available ECP Write-in List.
Organization Name	Enter the organization name as it appears on the PY2021 Available ECP Write-in List.
NPI	Enter the NPI as it appears on the PY2021 Available ECP Write-in List.
ECP Category	Select the appropriate ECP category for each ECP. Multiple ECP categories for each ECP may be selected, as applicable. If none of the listed menu selections apply to the ECP, select Other ECP Providers .
Hospital Bed Count	Enter the number of inpatient hospital beds reported by the identified provider for each ECP.
Number of Medical FTEs	Enter the number of medical FTEs that are included in the identified provider networks for each ECP. Allowable medical FTEs include only individuals who hold one of the following licenses to practice medicine: MD, DO, PA, and NP. Decimal values may be entered as appropriate to reflect the contracted number of FTEs.
Number of Dental FTEs	Enter the number of dental FTEs that are included in the identified provider networks for each ECP. Allowable dental FTEs include only individuals who hold one of the following licenses to practice dental medicine: DMD and DDS. Decimal values may be entered as appropriate to reflect the contracted number of FTEs.
Site Street Address 1	Enter the site street address of the contracted provider as it appears on the PY2021 Available ECP Write-in List.
Site Street Address 2	Enter additional street address information as it appears on the PY2021 Available ECP Write-in List, as applicable.
Site City	Enter the city as it appears on the PY2021 Available ECP Write-in List.
Site State	Select the site state from the drop-down list, as it appears on the PY2021 Available ECP Write-in List.
Site ZIP Code	Enter the site ZIP code as it appears on the PY2021 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 PY2021 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 the Validate button at the top of the worksheet. If there are errors identified, the worksheet will highlight the cells in red. Correct any errors and click Validate again. When all errors are corrected, a message will appear indicating that no validation errors were found.

ECP Write-in Worksheet	Steps
Export the worksheet	Click the Export button at the top of the worksheet. A pop-up message will ask you to “Please select the folder where you would like the ECP write-in file to be saved.” Select the appropriate folder and click Select Folder in the pop-up window to save a .txt file containing the information from the ECP Write-in Worksheet at that location. When ready, submit the .txt file via the ECP/Network Adequacy section within the Issuer Module in HIOS as a Supporting Document under the label “ECP Write-in Worksheet.”

Network Adequacy: CMS will only collect individual and facility provider data from issuers participating in the continued network breadth pilot project for PY2021. *Do not* click on the **Create Facility, Pharmacy, Non-MD/DO Tab** button unless you are a medical issuer notified by email to submit these data.

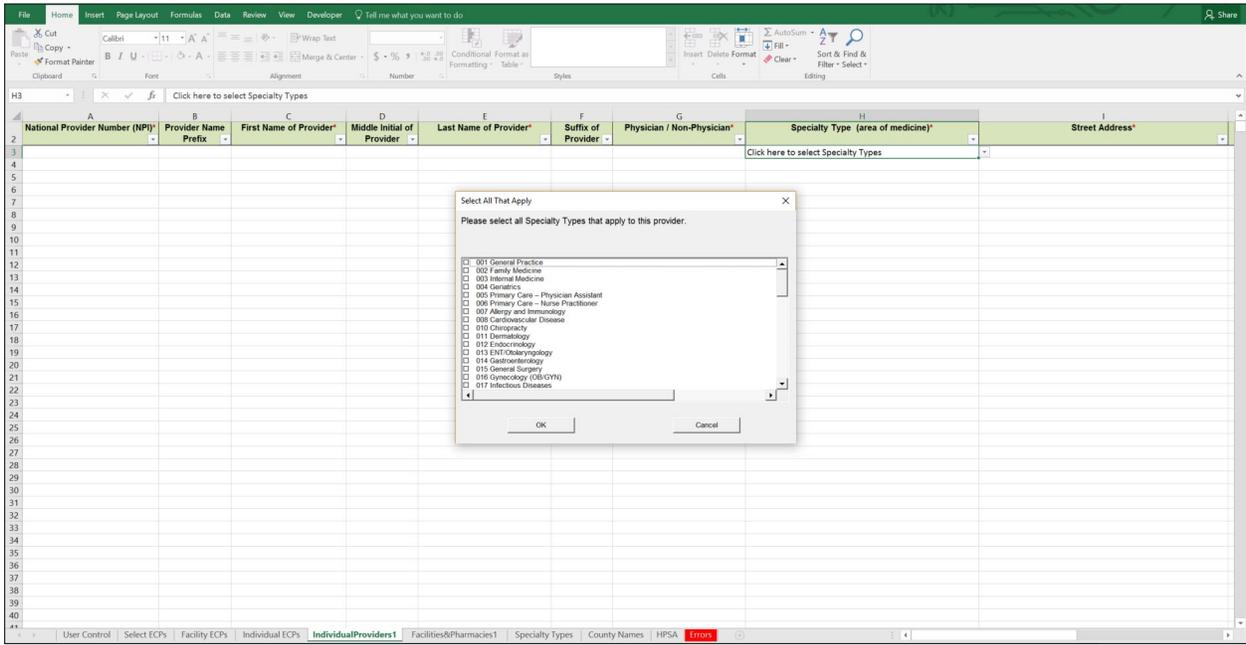
To complete the **Individual Providers** and **Facilities & Pharmacies** tabs, follow the steps in the tables below. *Note:* Include a list of providers in each of the proposed networks, including providers outside the geographic area (such as in contiguous counties). Also, include all providers in the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

Individual Providers Tab	Steps
National Provider Identifier (required)	Enter the provider’s 10digit NPI in the NPI column. It is very important for CMS to have the proper NPI number for a provider, so please contact the provider directly to acquire it if the NPI is unknown. If the issuer is unable to obtain the provider’s NPI for PY2021, enter 0000000000 (10 zeros) in the NPI field. Also, please ensure the NPI is active in the National Plan & Provider Enumeration System (NPPES) database.
Provider Name Prefix	Enter the prefix for the provider, such as “Dr.”
First Name of Provider	Enter the first name of the provider.
Middle Initial of Provider	Enter the middle initial of the provider.
Last Name of Provider	Enter the last name of the provider. If a provider has multiple office locations, each with a unique address, add a number to the provider’s last name to distinguish each location, for example, Provider Name-001.
Suffix of Provider	Enter the provider suffix, as applicable, such as “Jr.” or “Sr.”
Physician/Non-Physician	Indicate the type of provider. Choose from the following options: <ul style="list-style-type: none"> ◆ Physician—if the provider is a physician practitioner. ◆ Non-Physician—if the provider is a non-physician practitioner.
Specialty Type (area of medicine)	From the drop-down menu, select all specialties offered at the identified provider location. If a provider has multiple specialties at the same address, all specialties should be selected in the same record. <ul style="list-style-type: none"> ◆ The template does not allow direct entry into this field. However, issuers may copy and paste data into the template if the specialty type names appear exactly as they appear in the Specialty Types tab data, such as 001 General Practice. If pasted data do not exactly match the specialty type format used in the Individual Providers tab, errors will appear when the data are pasted. ◆ If the issuer would like to enter more than one specialty type for a provider, each specialty type must be separated by a comma and a space. ◆ If the specialty type is not listed in the Specialty Types tab, please select specialty type 000 OTHER from the drop-down menu.
Street Address	Enter the street address of the provider. If the provider has multiple locations, enter each street address in a separate row. <i>Do not</i> use a PO box in the address, as these 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.

Individual Providers Tab	Steps
City	Enter the city where the provider is located.
State	Enter the state where the provider is located, or select the state using the drop-down menu.
County	Enter the county where the provider is located, or select the county using the drop-down menu. A list of accepted county names is available on the County Names tab. Do not include the Federal Information Processing Standards (FIPS) code when entering the county name.
ZIP	Enter the ZIP code where the provider is located. ZIP codes must be entered as either a five-digit (12345) or a nine-digit (12345-6789) code.
Network ID	When entering network IDs, assign networks the same IDs as those assigned in the Network ID Template and the Plans & Benefits Template. Dual-product issuers must create separate network IDs for their medical and dental plans. Using the drop-down menu, select all network IDs that correspond to the networks in which the provider is included. If a provider is in multiple networks, all networks should be selected in the same record.

A sample **Individual Providers** tab looks like **Figure 1E-6**.

Figure 1E-6. Sample Individual Providers Tab



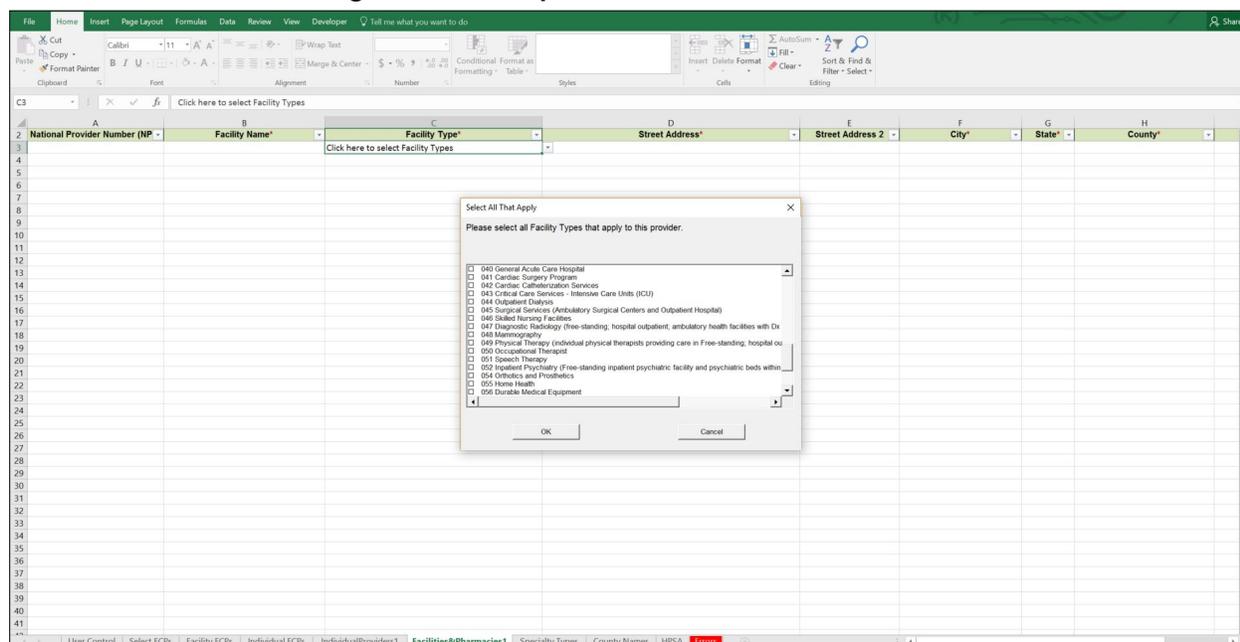
Individual Provider tabs can be removed from the template by using the **Delete** function, which is located in Column P of the **User Control** tab. Note that once a tab is deleted, it cannot be recovered, so save the template before deleting tabs.

Facilities & Pharmacies Tab	Steps
National Provider Identifier	Enter the provider’s 10-digit NPI. It is very important for CMS to have the proper NPI number for a provider, so please contact the provider directly to acquire it if it is unknown. If the issuer is unable to obtain the provider’s NPI for PY2021, enter 0000000000 (10 zeros) in the NPI field. Also, please ensure that the NPI is active in the NPPES database.
Facility Name	Enter the name of the facility or pharmacy.

Facilities & Pharmacies Tab	Steps
Facility Type	<p>From the drop-down menu, select all facility types that apply to the facility location. If a facility has multiple facility types at the same address, then all facility types should be selected in the same record. The accepted facility types are listed on the Specialty Types tab of the template.</p> <ul style="list-style-type: none"> ◆ The template does not allow direct entry into this column. However, issuers may copy and paste data into the template if the facility type names appear exactly as they appear in the Specialty Types tab, such as 040 General Acute Care Hospital. If pasted data do not exactly match the facility type format used in the Facilities & Pharmacies tab, errors will appear when the data are pasted. ◆ If entering more than one facility type, each facility type must be separated by a comma and a space. ◆ If the facility type is not listed in the Specialty Types tab, please select facility type 000 OTHER from the drop-down menu.
Street Address	<p>Enter the street address of the provider. This is the address where the enrollee obtains services and not the corporate location unless they are the same. If the provider has multiple locations, enter each street address in a separate row. <i>Do not</i> 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.</p>
Street Address 2	<p>Enter additional street address information, as 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 County Names tab. Do not include the FIPS code when entering the county name.</p>
ZIP	<p>Enter the ZIP code where the provider is located. ZIP codes must be entered as either a five-digit (12345) or a nine-digit (12345-6789) code.</p>
Network ID	<p>When entering network IDs, assign networks the same IDs as those assigned in the Network ID Template and Plans & Benefits Template. Dual-product issuers must create separate network IDs for their medical and dental plans. Using the drop-down menu, select all network IDs that correspond to the networks in which the provider is included. If a provider is in multiple networks, all networks should be selected in the same record.</p>

A sample **Facilities & Pharmacies** tab looks like **Figure 1E-7**.

Figure 1E-7. Sample Facilities & Pharmacies Tab



Reference information is provided in the three tabs listed below:

- The **Specialty Types** tab contains the specialty/facility and pharmacy types that can be added into the ECP/Network Adequacy Template.
- The **County Names** tab contains the county names that are used and accepted in the ECP/Network Adequacy Template.
- The **HPSA** tab contains the HPSA and low-income ZIP codes. The issuer can filter by ZIP code and by state.

The **Errors** tab displays any validation errors identified when a completed ECP/Network Adequacy Template is validated.

1. Column A—Tab: indicates the tab that produced the error.
2. Column B—Cell: indicates the cell location for the specific error and 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 the ECP/Network Adequacy Template is completed, issuers must validate, finalize, and upload it into HIOS.

Template Validation	Steps
Validate Template	Click the Validate Data button on the User Control tab. The validation process identifies any data issues that need to be resolved. If no errors are identified, finalize the template.
Errors	If the template has any errors, they will appear on the Errors tab showing the data element and cell location of each error. Correct any identified errors and click Validate again. Continue this process until all errors are resolved.
Create Documents	Click the Create Documents button on the User Control tab. This function will create a separate .XML file for each tab in the workbook. All of the separate files will be compressed into one zip file, which will need to be uploaded in the ECP/Network Adequacy section of the Issuer Module in HIOS.

Template Validation	Steps
Save Template	Save the .XML files and template. CMS recommends that issuers save the validated template as a standard Excel .XLSM file in the same folder as the finalized .XML files.
Upload Template	Upload the saved files in the ECP/Network Adequacy section of the Issuer Module in HIOS. Refer to the Issuer Module User Guide for details on how to complete this.

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General ECP Standard Issuers Supplemental ECP Response Form and Justification	<ul style="list-style-type: none"> ◆ An issuer needs to submit an ECP supplemental response form if <i>one of the following applies</i>: <ul style="list-style-type: none"> ▪ The issuer does not contract with at least 20 percent of the available ECPs in each applicable service area. ▪ The issuer does not offer a contract in good faith to all Indian health care providers in each plan’s service area for the respective QHP certification plan year, applying the special terms and conditions required by federal law and regulations as referenced in the recommended model QHP Addendum for Indian Health Care Providers developed by HHS, available at https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy. ▪ The issuer does not offer a contract in good faith to at least one ECP in each available ECP category in each county in the service area for the respective QHP certification plan year. ◆ The issuer should include its HIOS Issuer ID followed by “ecpsupplementalresponse” and the date in the ECP supplemental response file name (for example, 12345_ecpsupplementalresponse_20200601).
Alternate ECP Standard Issuers Supplemental ECP Response Form and Justification	<ul style="list-style-type: none"> ◆ An issuer needs to submit an ECP supplemental response form if <i>one of the following applies</i>: <ul style="list-style-type: none"> ▪ The issuer does not include in each plan network at least the equivalent of 20 percent of available ECPs in each plan service area, and these providers are located within HPSAs or ZIP codes in which 30 percent or more of the population falls below 200 percent of the federal poverty line. ▪ The issuer does not offer an integrated delivery system that provides all of the categories of services provided by entities in each of the ECP categories in each county in the plan’s service area, as outlined in the general ECP standard, or otherwise offer a contract to at least one ECP outside of the issuer’s integrated delivery system in each available ECP category in each county in the plan’s service area (not applicable to SADP applicants). ◆ The issuer should include its HIOS Issuer ID followed by “ecpsupplementalresponse” and the date in the ECP supplemental response file name (for example, 12345_ecpsupplementalresponse_20200601).
Network Adequacy Cover Sheet and Access Plan	<p>QHPs and SADPs that need to submit access plans will be notified directly by email. These issuers will be required to submit a Cover Sheet and Access Plan that addresses the 11 areas below. The Cover Sheet must include page references to each of the 11 areas in the Access Plan:</p> <ol style="list-style-type: none"> 1. The health carrier’s network, including how the use of telemedicine or telehealth or other technology may be used to meet network access standards, if applicable. 2. The health carrier’s procedures for making and authorizing referrals within and outside its network, if applicable. 3. The health carrier’s process for monitoring and ensuring on an ongoing basis the sufficiency of the network to meet the health care needs of populations that enroll in network plans. 4. The factors used by the health carrier to build its provider network, including a description of the network and the criteria used to select (and/or tier) providers. 5. The health carrier’s efforts to address the needs of covered persons, including children and adults, and those with limited English proficiency or illiteracy, diverse cultural or ethnic backgrounds, physical or mental disabilities, and serious,

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- chronic, or complex medical conditions. This includes the carrier's efforts, when appropriate, to have various types of ECPs in its network.
6. The health carrier's methods for assessing the health care needs of covered persons and their satisfaction with services.
 7. The health carrier's method of informing covered persons of the plan's covered services and features, including
 - a. the plan's grievance and appeals procedures;
 - b. its process for choosing and changing providers;
 - c. its process for updating its provider directories for each of its network plans;
 - d. a statement of health care services offered, including those services offered through the preventive care benefit, if applicable; and
 - e. its procedures for covering and approving emergency, urgent, and specialty care, if applicable.
 8. The health carrier's system for ensuring the coordination and continuity of care
 - a. for covered persons referred to specialty physicians and
 - b. for covered persons using ancillary services, including social services and other community resources, and for ensuring appropriate discharge planning.
 9. The health carrier's process for enabling covered persons to change primary care professionals, if applicable.
 10. The health carrier's proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers, or in the event of the health carrier's insolvency or other inability to continue operations. The description shall explain how covered persons will be notified of the contract termination, or the health carrier's insolvency or other cessation of operations, and transitioned to other providers in a timely manner.
 11. The health carrier's process for monitoring access to physician specialist services in emergency room care, anesthesiology, radiology, hospitalist care, and pathology/laboratory services at their participating hospitals.

Note: It is recommended that the cover sheet be included in front of the Access Plan and submitted as one file. In this case, the file name for access plans should be the HIOS Issuer ID followed by "Access Plan" and any additional information deemed appropriate (for example, 12345_Access_Planv3). If a Cover Sheet is submitted as a separate file from the Access Plan, the file name should be the issuer's HIOS Issuer ID followed by "Access Plan Cover Sheet" and any additional information deemed appropriate (for example, 12345_Access_Plan_Cover_Sheetv3).