

## Completing the Network Adequacy Justification Form

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

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

### Overview of Network Adequacy Justification Form Tabs

#### Instructions Tab

This tab provides detailed instructions on completing the partially pre-populated justification form. There are two required questions on the Instructions tab under Step 2.

#### NA Justification Tab

This tab is partially pre-populated to contain all required corrections associated with a time and distance standard that has not been met for a particular network/county/specialty combination. You must provide information on your provider contracting efforts by completing the required fields in the corresponding row(s) to address the unmet standard.

#### Additional Recruitment Activity Tab

This tab provides additional space for you to enter recruitment activity beyond what you have included in the NA Justification tab. You must include information on the Additional Recruitment Activity tab for any providers with which you cannot contract due to the following Reasons for Unmet Standards (as listed in column M of the NA Justification tab): No providers/facilities of this specialty type within the time and distance standards of this county are licensed, accredited, or certified by the state; No providers/facilities of this specialty type within the time and distance standards of this county contract with any commercial insurance organizations; and all providers/facilities of this specialty type within the time and distance standards of this county contract exclusively with another organization. You are strongly encouraged to include any additional provider recruitment activities for the network/county/specialty combinations for which you received a required correction, including any ongoing, concluded, and unsuccessful activities.

#### NA Standards Tab

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

#### Taxonomy Codes Tab

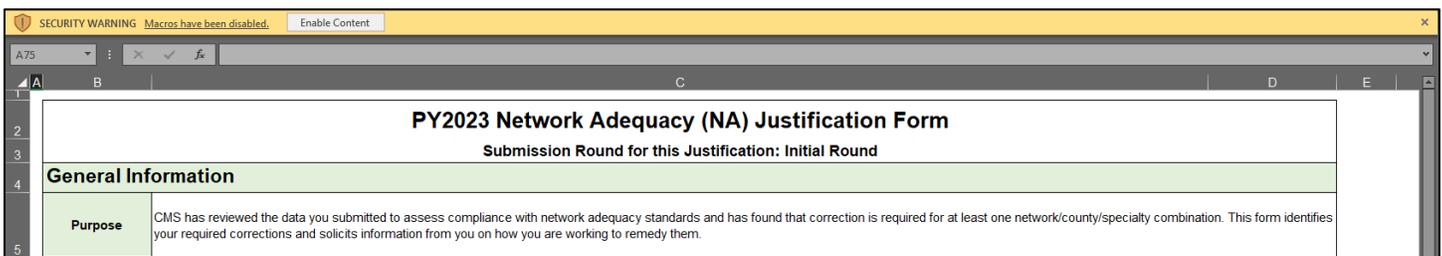
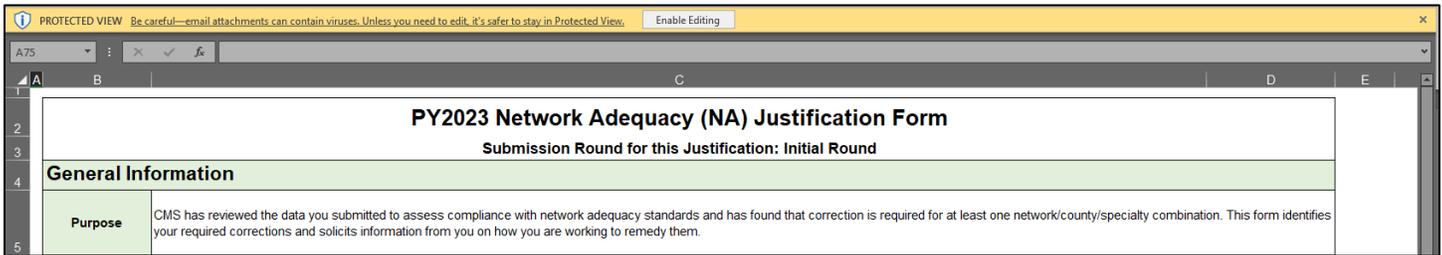
This tab is provided for reference purposes only; it contains taxonomy codes cross-walked to specialty codes and time and distance categories.

#### County Names Tab

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

## Completing the Instructions Tab<sup>1</sup>

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



Enter the responses for the two required questions. These questions only relate to the plan that this NA Justification Form covers. In [cell D13](#), enter the number of QHP enrollee complaints the issuer has received regarding access to network adequacy in the prior plan year. New QHP issuers may enter “N/A.”

In [cell D14](#), indicate whether QHP enrollees of this plan are only responsible for in-network costs for out-of-network care received when the issuer does not meet the network adequacy standards for a network/county/specialty combination.

<b>Instructions Tab</b>		
<b>Step 1</b>	Ensure that macros are enabled before completing the form by clicking on the “Enable Editing” and “Enable Content” buttons that appear at the top of the form upon opening the file.	
<b>Step 2</b>	<b>General Questions - Must be Completed (Required Fields *)</b> Begin by responding to the two General Questions below in cells C13 and C14. For Question 1, new plans can enter “N/A”. Questions 1 and 2 only relate to the plan that this Justification Form covers.	
	<b>Question 1:</b> What is the number of QHP enrollee complaints received for this plan regarding network adequacy during the prior Plan Year *	1
	<b>Question 2:</b> Are QHP enrollees of this plan only responsible for in-network costs for out-of-network care received when the issuer does not meet the network adequacy standards for a network/county/specialty combination? (Answer Yes/No) *	No

## Completing the NA Justification Tab

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

1. Issuer ID
2. Source System
3. State

<sup>1</sup> Note: Example values displayed in screenshots are included for demonstration purposes only.

4. Unmet Network ID
5. FIPS Code
6. Unmet County
7. County Type
8. Unmet Provider Specialty Type
9. Actual Percentage with Access
10. Required Percent to Pass (Threshold)

Corrective Actions Required		Justification Counts			
		CR	UNSAT	Missing Data	Total
45		0	0	45	45

CMS Review Results (correction findings)										
Issuer ID	Source System	State	Unmet Network ID	FIPS Code	Unmet County	County Type	Unmet Provider Specialty Type	Actual Percent with Access	Required Percent to Pass (Threshold)	
12345	HIOS	NC	NCN001	37019	Brunswick	Metro	Allergy and Immunology	55%	90%	
12345	HIOS	NC	NCN001	37019	Brunswick	Metro	Cardiology	34%	90%	
12345	HIOS	NC	NCN001	37019	Brunswick	Metro	Cardiothoracic Surgery	34%	90%	

Address each required correction by completing the required fields in columns M – AC. You must submit at least one provider for each required correction listed on this tab; since more than one provider may be required to address a required correction, include any additional recruitment activity in the Additional Recruitment Activity tab. The information in column N – AC demonstrates your efforts to contract with a provider that would contribute towards your satisfaction of the respective standard and with which you have a good faith contract offer pending. Any cells that are grayed out are not required.

Click the dropdown in column M to select the primary reason why you did not meet the standard for the given network/county/specialty combination. This reason should **not** apply to the provider you are listing in this row, since columns N – AC must be completed in relation to a provider with a good faith contract offer pending. For example, if the primary reason you are not yet meeting the standard is because the particular provider you had been contracting with for that network/county/specialty combination has moved/retired or the facility has recently closed, you would select that reason in Column M and then input information for a different provider that you have made a good faith contract offer to, who you believe will contribute toward meeting the respective standard.

Primary Reason for Unmet Standard Required Field *		NPI *	Provider/Facility Name *	Provider Specialty Type *	Street Address *
Justification: Issuer must complete these fields for a prov					
<a href="#">Click here to select the primary reason for unmet standard.</a>					

A pop-up will appear from which you can select the applicable reason. After clicking the applicable reason, click “Confirm.”

In **column N**, enter the individual provider’s unique 10-digit National Provider Identifier (NPI); for facilities, enter the subpart’s NPI. Then enter the provider or facility name in **column O**.

	M	N	O	P	Q
1					
2					
3					
4					
5					
6	<b>Justification: Issuer must complete these fields for a prov</b>				
7	<b>Primary Reason for Unmet Standard Required Field *</b>	<b>NPI *</b>	<b>Provider/Facility Name *</b>	<b>Provider Specialty Type *</b>	<b>Street Address *</b>
8	Good faith contract offer(s) for upcoming plan year rejected by provider as reflected in the Additional Provider Recruitment tab.	1234567890	Provider 1		

Click the dropdown in **column P** to select the provider’s specialty type, which must map to the unmet provider specialty type in column J.

	M	N	O	P	Q
1					
2					
3					
4					
5					
6	Information: Issuer must complete these fields for a provider with a good faith contract offer pending. All fields in this section are required unless otherwise noted.				
7	<b>Primary Reason for Unmet Standard Required Field *</b>	<b>NE</b>	<b>Provider Specialty Type *</b>	<b>Street Address *</b>	
8	Good faith contract offer(s) for upcoming plan year rejected by provider as reflected in the Additional Provider Recruitment tab.	1234567890	Provider 1	Click here to select provider specialty type.	

Provider Specialty Type Selection

Select Provider Specialty Type:

007 Allergy and Immunology

In the next four columns (columns Q – T), enter the provider’s or facility’s street address, city, state, and zip code.

	P	Q	R	S	T	U	V	W
1								
2								
3								
4								
5								
6	Information: Issuer must complete these fields for a provider with a good faith contract offer pending. All fields in this section are required unless otherwise noted.							
7	<b>Provider Specialty Type *</b>	<b>Street Address *</b>	<b>City *</b>	<b>State *</b>	<b>Zip Code *</b>	<b>Approximate Date of Last Contact *</b>	<b>Method of Last Contact *</b>	<b>Point of Contact Name *</b>
8	007 Allergy and Immunology	123 Main St.	Belville	NC	28451			

Next, enter the approximate date for when you last contacted the provider or facility in column U, and the method of contact in column V. In columns W – Z, enter the contact information for the associated point of contact for the provider or facility.

	U	V	W	X	Y	Z	AA
1							
2							
3							
4							
5							
6	Offer pending. All fields in this section are required unless they are grayed out.						
7	Approximate Date of Last Contact *	Method of Last Contact *	Point of Contact Name *	Point of Contact Title *	Point of Contact Phone *	Point of Contact Email *	Approximate Contract Offer Date *
8	5/1/2022	Phone	Jordan Doe	Director	555-555-5555	<a href="mailto:JDOE@provider.com">JDOE@provider.com</a>	

In **columns AA – AB**, enter the approximate date you offered a contract to the provider or facility, and when you anticipate the contract being ratified. From the dropdown in column AB, select “By Open Enrollment,” “By Start of Plan Year,” or “After Start of Plan Year.”

	Y	Z	AA	AB	AC	AD	AE
1							
2							
3							
4							
5							
6	t.					Justification Status (Automatically Populated)	
7	Point of Contact Phone *	Point of Contact Email *	Approximate Contract Offer Date *	When does Issuer Expect to Ratify Contract? *	Issuer attests in good faith that recruiting this provider would contribute toward satisfying respective standard *		
8	555-555-5555	<a href="mailto:JDOE@provider.com">JDOE@provider.com</a>	5/5/2022			Missing Data	
9				By Open Enrollment		Missing Data	
10				By start of Plan Year		Missing Data	
				After start of Plan Year		Missing Data	

Finally, attest “Yes” or “No” to whether recruiting this provider would contribute toward satisfying the respective standard in **column AC**. After completing the required fields in columns N – AC, column AD will auto-populate a justification status based on the data you have entered.

	Y	Z	AA	AB	AC	AD	AE
1							
2							
3							
4							
5							
6	t.					Justification Status (Automatically Populated)	
7	Point of Contact Phone *	Point of Contact Email *	Approximate Contract Offer Date *	When does Issuer Expect to Ratify Contract? *	Issuer attests in good faith that recruiting this provider would contribute toward satisfying respective standard *		
8	555-555-5555	<a href="mailto:JDOE@provider.com">JDOE@provider.com</a>	5/5/2022	By Open Enrollment	Yes	CR	

Continue to complete all required fields for any review results listed on the NA Justification tab, until all rows are complete. At any point in this process, you may review the [Justification Counts table](#) at the top of the NA Justification tab to access a dynamic summary of the statuses for your justification results, as displayed in column AD:

- CR** indicates CMS will continue to monitor the adequacy of your provider network throughout the year and will coordinate with state departments of insurance (DOIs) as needed. A status of “CR” for a given required correction is achieved when:
  - All required fields are completed and valid;
  - For column AB (“When does Issuer Expect to Ratify Contract?”), you selected “By Open Enrollment” or “By Start of Plan Year”; and
  - For column AC (“Issuer attests in good faith that recruiting the provider would contribute toward satisfying respective standard”), you selected “Yes.” If you select “No,” a status of “UNSAT” or “Missing Data” is assigned.
- UNSAT** indicates the justification is unsatisfactory. You must continue working to develop your network to come into compliance with network adequacy standards.
- Missing Data** indicates the required justification cells are not all complete. Cells with missing data will be highlighted in red. If the Network Adequacy Justification Form is submitted with any values of “Missing Data” in the column AD (“Justification Status”), you will receive a required correction during the next review round.

	A	B	C	D	F	G	H	I	J	K
1										
2	Corrective Actions Required	Justification Counts								
3		CR	UNSAT	Missing Data	Total					
4		45	1	0	44	45				
5										

While issuers can submit the Network Adequacy Justification Form with justification status results of “UNSAT” and/or “Missing Data,” those required corrections must be corrected by the next review round to avoid further required corrections, and must be corrected no later than the final QHP Application submission deadline.

## Completing the Additional Recruitment Activity Tab

You must include information on the Additional Recruitment Activity tab for any providers with which you cannot contract due to the following ‘Reasons for Unmet Standards’ (as listed in column M of the NA Justification tab):

- No providers/facilities of this specialty type within the time and distance standards of this county are licensed, accredited, or certified by the state;
- No providers/facilities of this specialty type within the time and distance standards of this county contract with any commercial insurance organizations; and
- All providers/facilities of this specialty type within the time and distance standards of this county contract exclusively with another organization.

The above ‘Reasons for Unmet Standards’ are subject to review and confirmation by CMS.

If you require additional space to enter recruitment activity, beyond what you entered in the NA Justification tab, these data can also be entered in the Additional Recruitment Activity tab. CMS strongly encourages issuers to include any additional provider recruitment activities for the network/county/specialty combinations for which they received a required correction, including any ongoing, concluded, and unsuccessful activities.

**Columns B – M** of the Additional Recruitment Activity tab are identical to columns B – L in the NA justification tab, with the exception of **column F**, which indicates whether the row was generated by CMS or added by the issuer.

	B	C	D	F	G	H	I	J	K	L	M		
1													
2	Duplicate Row		Delete Row		CMS Review Results (correction findings)								
3	Issuer ID	Source System	State	CMS versus Issuer Generated Row	Unmet Network ID	FIPS Code	Unmet County	County Type	Unmet Provider Specialty Type	Actual Percent with Access	Required Percent to Pass (Threshold)		
4	12345	HIOS	NC	CMS Generated	NCN001	37019	Brunswick	Metro	Allergy and Immunology	55%	90%		
5	12345	HIOS	NC	CMS Generated	NCN001	37019	Brunswick	Metro	Cardiology	34%	90%		
6	12345	HIOS	NC	CMS Generated	NCN001	37019	Brunswick	Metro	Cardiothoracic Surgery	34%	90%		

To add a provider to the Additional Recruitment Activity tab, complete **columns N – AD** for the applicable row(s). These columns are identical to columns N – AC on the NA Justification tab.

To duplicate a row where there is more than one recruitment effort associated with a single required correction, select a cell in the desired row, and then click **Duplicate Row**. This will generate a copy of the required correction below the row selected (columns B – M will be identical, while all remaining columns will remain blank). Duplicate rows generated by the issuer will contain “Issuer Generated” in **column F**.

	B	C	D	F	G	H	I	J	K	L	M
1	<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Duplicate Row</span> <span>Delete Row</span> </div>										
2	CMS Review Results (correction findings)										
3	Issuer ID	Source System	State	CMS versus Issuer Generated Row	Unmet Network ID	FIPS Code	Unmet County	County Type	Unmet Provider Specialty Type	Actual Percent with Access	Required Percent to Pass (Threshold)
4	12345	HIOS	NC	CMS Generated	NCN001	37019	Brunswick	Metro	Allergy and Immunology	55%	90%
5	12345	HIOS	NC	Issuer Generated	NCN001	37019	Brunswick	Metro	Allergy and Immunology		

To delete an issuer-generated row, select a cell in the desired row, and then click [Delete Row](#). Rows that contain “CMS Generated” in column F cannot be deleted.

## Saving the Network Adequacy Justification Form

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

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



### Additional Resources

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