Chapter 6: Instructions for the Network Adequacy Application Section

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1. Overview

Qualified Health Plan (QHP) issuers are required to maintain a network that is sufficient in number and types 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. All issuers applying for QHP certification will need to attest that they meet this standard as part of the certification/recertification process, as described in 45 *Code of Federal Regulations* (CFR) 156.230(a)(2).

Both QHP and stand-alone dental plan (SADP) issuers are required to submit Network Adequacy information as part of their QHP application. All of the instructions in this document apply to both QHP and SADP issuers.

2. Purpose

The purpose of the Network Adequacy section of the QHP application is to collect provider data for physicians, facilities, and pharmacies in each network associated with a QHP, including provider national provider identification number (NPI), provider name, provider address, and provider specialty. This data will be used to determine if issuer networks meet the "reasonable access" standard. This chapter guides issuers through the steps to complete the Network Adequacy section of the QHP application.

3. Data Requirements

To complete this section, you need the following:

1. Health Insurance Oversight System (HIOS) Issuer ID
2. Issuer state

3. Application system used: HIOS or System for Electronic Rate and Form Filing (SERFF)

4. Proposed market type (SERFF only)

5. Plan type (SERFF only)

6. Number of provider networks

7. A list of providers included in each of the proposed networks, including NPI, provider name, specialty type, street address, city, state, county, ZIP code, and associated issuer Network ID numbers.

4. Application Instructions

In this section of the QHP application, issuers identify the providers (individual providers, facilities, and pharmacies) included in each of the networks used in their service areas. Issuers must use the Network Adequacy template (located at http://cciio.cms.gov/programs/exchanges/qhp.html) to submit their provider data.

The Network Adequacy section of the QHP application is composed of three parts:

1. A template for identifying contracted providers in the issuer's networks

2. Attestations to be completed in the Issuer module of the QHP Application System

3. Justification, as needed, if an issuer believes that it has not met the network adequacy requirement, or if an issuer receives a correction notice identifying a network adequacy concern. An issuer may elect to submit a justification explaining how it will provide reasonable access to enrollees.

Figure 6-1 shows key items in these instructions for completing the Network Adequacy section of the QHP application.

Figure 6-1. Network Adequacy Section Highlights

- Both QHP and SADP issuers are required to submit Network Adequacy information as part of their QHP application. All of the instructions in this document apply to both QHP and SADP issuers.
- To complete the Network Adequacy section of the QHP application, do the following:
  1. Complete the Network Adequacy template.
  2. Respond to the Network Adequacy attestations in the Issuer module of the QHP Application System.
  3. Upload the Network Adequacy template using the "Upload Network Adequacy Template Files" feature of the Network Adequacy section of the Issuer module. Then, upload the provider and facility network (.txt) files generated by the template using the "Upload File(s)" feature of the Network Adequacy section of the Issuer module (directly below where the Network Adequacy Template was uploaded).
- Ensure that **Automatic Calculation** is turned on in Excel: *Formulas -> Calculation Options -> Automatic*.
- Issuers must complete *Issuer Information* on the User Control tab before attempting to enter provider data.
- Separate tabs should be created for individual providers, facilities, and pharmacies.
- Each tab in the Network Adequacy Template workbook can be up to 50Mb in size (roughly 300,000 records). Because HIOS is unable to accept files larger than 50Mb, issuers with more than 300,000 providers in an Individual or Facilities & Pharmacies tab must create additional tabs until each tab has 300,000 providers or less.
- Issuers should enter only one provider record for each provider address. If a provider has multiple specialties at the same address, or the provider location is included in multiple networks, all specialties and all networks should be listed in the same record, with each Specialty ID or Network ID separated by a comma.
- If a provider has multiple locations with the same name, each unique provider address should be added to the template as a separate record by appending the provider name with a unique three-digit number for each location, such as Provider-001.
- Issuers should populate the template with the providers in the state for which they are seeking QHP certification, as well as any providers in contiguous states from which they expect enrollees may access services. Network providers in noncontiguous states should be submitted with the QHP applications for the states in which they apply.

(continued on next page)

- When entering Network IDs into the Network Adequacy Template, you must assign networks the same numbers as those assigned in the Network ID and Plans & Benefits Templates.
  - Dual-product issuers must create separate Network IDs for their medical and dental plans.
- If you wish to change *Issuer Information* on the User Control tab after populating your provider sheets, you must delete the old Individual provider tabs or Facilities & Pharmacies tabs and then add new Individual provider or Facilities & Pharmacies tabs. If old Individual provider or Facilities & Pharmacies tabs are not deleted, changes to *Issuer Information* may not be accurately reflected in the old tabs.
- In order for your template to be accepted without errors, please ensure that no responses have trailing spaces (e.g., "Dental-General" is acceptable; "Dental - General" with a trailing space is not).
- Once the template is complete, click the **Create Documents** button on the User Control tab to create the Network Adequacy document that will be uploaded. The template will create a separate file for each tab created in the template.
- The template will automatically name each file created using the following syntax: ProvDirIND01of0212345VA133D20140414T163753.txt.
  - Do not change the file names on your Network Adequacy files. This file-naming convention allows Centers for Medicare & Medicaid Services (CMS) to easily identify your Network Adequacy Template. Changing the file name could cause you to receive a correction notice if CMS is not able to identify your Network Adequacy Template.
- Using the correct template version is critical to completing the Network Adequacy section of the QHP application. The correct version of the template includes 2016 in the header of the User Control tab. The latest version of the Network Adequacy template is available from http://cciio.cms.gov/programs/exchanges/qhp.html.
- To initiate the template and allow data entry, enable template macros using the **Options** button on the Security Warning toolbar, and select **Enable this content**. Please refer to Appendix C for information regarding enabling macros.
- All header fields in the template marked with an asterisk (*) are required.
- If you are a registered HIOS user, your template may have prepopulated fields that are highlighted in yellow and cannot be changed.

All issuers[1] must complete the Network Adequacy template. When the template is completed, issuers must upload it to the Network Adequacy section of the Issuer module of the QHP Application System, and complete the Network Adequacy attestations and questions.

[1] Issuers offering indemnity plan designs are not required to submit templates and supporting documents. However, they do need to complete the Network Adequacy section of the QHP Application.

However, for those issuers offering indemnity plan designs or multi-state plans, depending on whether the issuer is submitting plans through HIOS or SERFF, the process for submitting information will vary slightly, as follows:

- **For HIOS plans**, all issuers must submit network adequacy templates and supporting documentation (with the exception of those issuers who are offering indemnity plan designs and multi-state plans);

- **For SERFF plans**, all issuers must submit network adequacy templates and supporting documentation (including those issuers who are offering indemnity plan designs and multi-state plans). Indemnity plan designs and multi-state plans should upload "dummy" files.

4.1 HIOS User Interface Instructions

Issuers must respond to all Network Adequacy attestations in the Issuer module of the QHP Application System.

1. Does the applicant attest that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay? This includes providers that specialize in mental health and substance abuse services for all plans except stand-alone dental plans. Choose from the following:

    a. **Yes**—if the applicant attests that it will maintain a sufficient network.

    b. **No—**if the applicant does not attest that it will maintain a sufficient network.

2. Does the applicant attest that it will maintain a provider directory that is up-to-date, clear, and accessible in accordance with all of the requirements listed in 45 CFR 156.230(a)? Choose from the following:

    a. **Yes**—if the applicant attests that it will maintain a provider directory in accordance with regulatory requirements.

    b. **No**—if the applicant does not attest that it will maintain a provider directory in accordance with regulatory requirements.

3. Is the applicant required to submit a Network Adequacy template? Choose from the following:

    a. **Yes**—all HIOS issuers must submit network adequacy templates and supporting documentation (with the exception of those issuers who are offering indemnity plan designs and multi-state plans); all SERFF issuers must submit network adequacy templates and supporting documentation (including those issuers who are offering indemnity plan designs and multi-state plans). Indemnity plan designs and multi-state plans should upload "dummy" files.

    b. **No**—only HIOS issuers offering indemnity plan designs and multi-state plans.

As noted above, if required, issuers must upload the Network Adequacy template using the "Upload Network Adequacy Template Files" feature of the Network Adequacy section of the Issuer module.

4.2 Template Instructions

Using the templates downloaded from the CMS website at http://cciio.cms.gov/programs/exchanges/qhp.html, follow the instructions below to complete the Network Adequacy template. Figure 6-2 and Figure 6-3 show sample completed Network Adequacy template tabs.

Figure 6-2. Completed Network Adequacy Template—User Control Tab

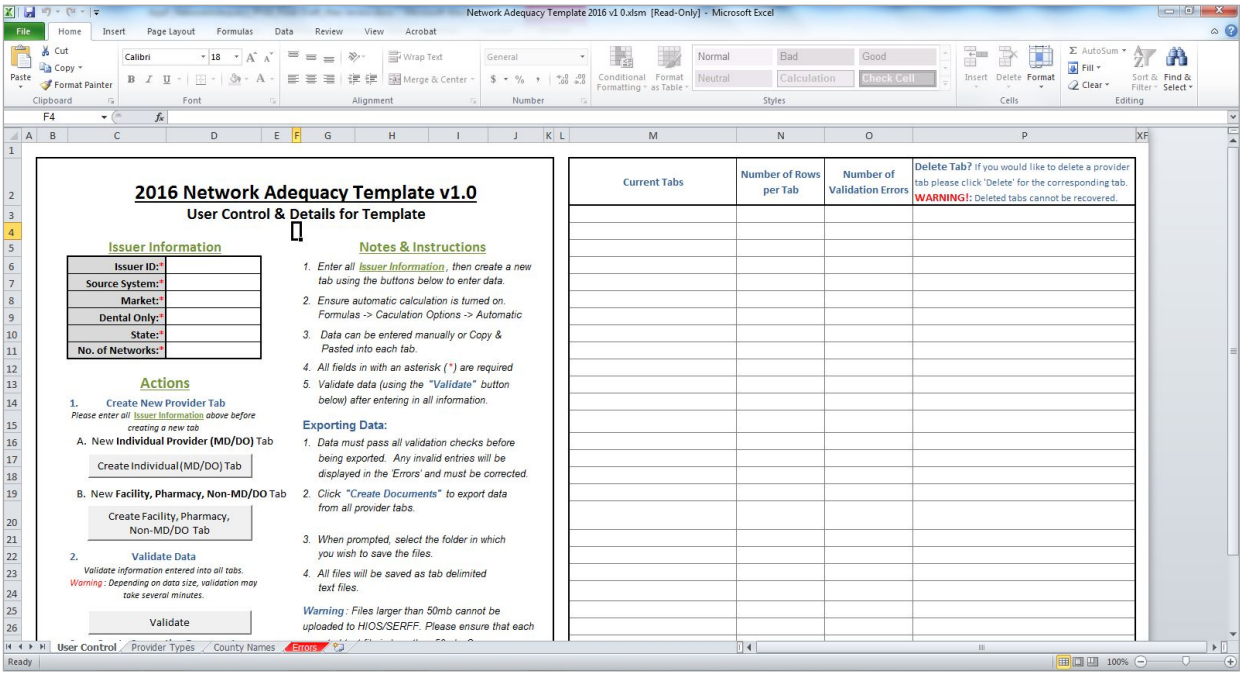
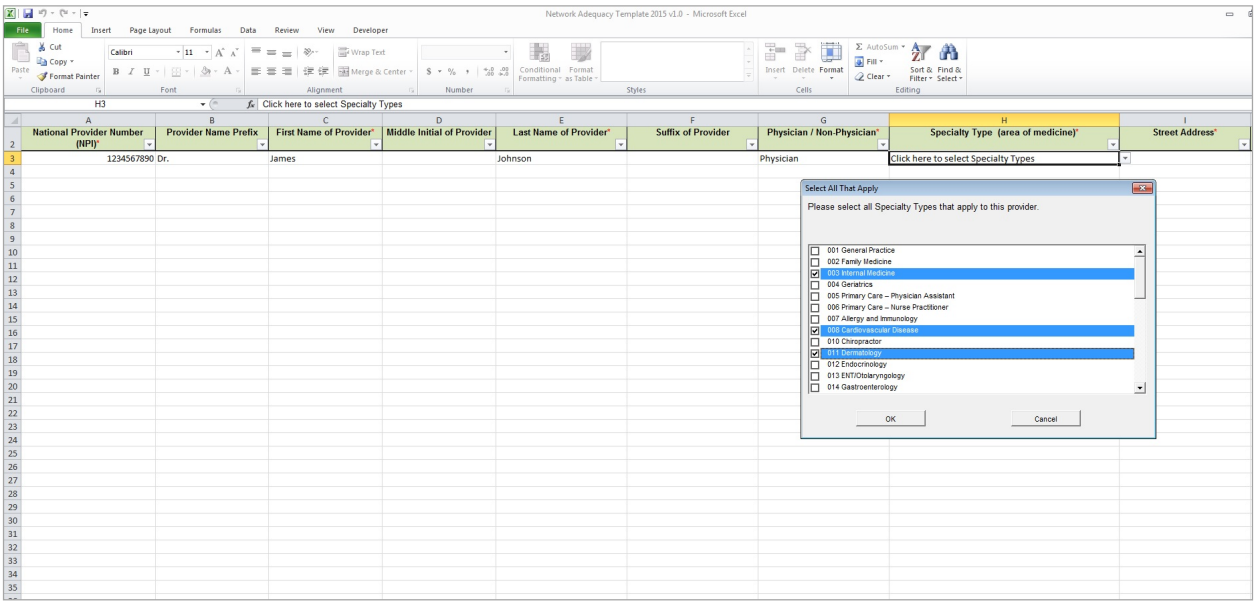


Figure 6-3. Completed Network Adequacy Template—Individual Provider Tab



4.2.1 Entering Data

The steps that follow describe how to complete the Network Adequacy template. The User Control tab must be completed before provider data can be entered.

User Control Tab

1. Enable template macros using the **Options** button on the Security Warning toolbar, and select **Enable this content**. If macros are not enabled before entering data, the template will not recognize the data and they will have to be reentered.

2. *Issuer ID* (required). Enter your five-digit HIOS Issuer ID on the User Control tab.

3. *Source System* (required). Select the name of the system that you are using to submit your QHP Application. If you are a Federally-facilitated Market (FFM) issuer, select **HIOS** using the drop-down menu. If you are a State Performing Plan Management Functions in an FFM (State Partnership Marketplace [SPM]) issuer, select **SERFF** using the drop-down menu.

4. *Market* (required for SPM issuers only). If you are an SPM issuer, select the markets for which you are applying. The template will default to **Both**, but you may change your selection at any time. Choose from the following:

    a. **Individual**—if the plan is offered on the individual market.

    b. **SHOP (Small Group)**—if the plan is offered on the small group market.

    c. **Both**—if plans are offered on both the Individual and SHOP markets. This option allows you to enter both Individual and SHOP provider data in the same template. If

Both is not selected, you will need to provide separate templates for your Individual and SHOP provider data.

5. *Dental Only* (required for SPM issuers only). If you are an SPM issuer, select the plan types included in your QHP Application. The template will default to **Both**, but you may change your selection at any time. Choose from the following:

   a. **Yes**—if you are submitting dental-only (SADP) plans.

   b. **No**—if you are submitting QHP plans only.

   c. **Both**—if you are submitting both QHP and SADP plans. This option allows you to enter both QHP and dental provider data in the same template. If **Both** is not selected, you will need to provide separate templates for your QHP and dental provider data.

6. *State* (required). Select the state for which you are applying to offer QHPs using the drop-down menu.

7. *No. of Networks* (required). Enter the number of networks to be included in your QHP Application. The number of networks entered here must equal the number of networks entered in the Network template. Dual-product issuers must create separate Network IDs for their medical and dental plans.

Provider Tab

8. Click the **Create Individual (MD/DO) Tab** button on the User Control tab. This creates one Individual provider tab. Clicking this button more than once creates multiple Individual provider tabs.

   a. This tab should include only Individual providers. To add facilities or pharmacies, users must create a Facility, Pharmacy, Non-MD/DO tab. Instructions for creating the Facility, Pharmacy, Non-MD/DO tab are described on page 6–9.

   b. If you are contracting with a provider group, please enter this information in the "Provider" tab and select all applicable specialties. Please enter the group name in the "first name" field and the company type in the "last name" field.

   c. Each tab can be up to 50Mb in size (roughly 300,000 records). Because HIOS is unable to accept files larger than 50Mb, issuers with more than 300,000 providers in an Individual providers tab must add tabs until each has 300,000 providers or less.

   d. Provider tabs can be removed from the workbook by using the Delete function on the User Control tab in the table of Current Tabs. Note that once a tab is deleted, it cannot be recovered, so we recommend saving the template prior to deleting tabs.

9. *National Provider Identifier (NPI)* (required). If the provider has an NPI, enter the 10-digit number in the NPI column. If you do not know the NPI for your provider, please contact the provider directly to acquire it. If a provider does not have an NPI, enter **0000000000** in the NPI field.

10. *Provider Name Prefix.* Enter the prefix for the provider, such as "Dr."

11. *First Name of Provider* (required). Enter the first name of the provider.

12. *Middle Initial of Provider*. Enter the middle initial of the provider.

13. *Last Name of Provider* (required). 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 name to distinguish each location, for example, Provider Name-001.

14. *Suffix of Provider*. Enter the provider suffix, as applicable, such as "Jr." or "Sr."

15. *Physician/Non-physician* (required). Select **Physician** or **Non-physician**, as appropriate.

16. *Specialty Type (area of medicine)* (required). 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. The accepted specialty types are listed on the Provider Types tab of the template.

    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 Provider tab data, such as "001 General Practice." If pasted data do not exactly match the specialty type format used in the Provider Types tab, you will receive errors when pasting your data. If you would like to enter more than one specialty type for a provider, separate specialty types with a comma and a space.

    If you do not see your specialty types listed in the Provider Types tab, please select specialty type **000-OTHER**.

17. *Street Address* (required). Enter the street address of the provider. If the provider has multiple locations, enter each street address in a separate row.

18. *Street Address 2* (optional). Enter additional street address information, as applicable.

19. *City* (required). Enter the city where the provider is located.

20. *State* (required). Enter the state where the provider is located, or select the state using the drop-down menu. If entering the state, the state code must exactly match a state code listed in the drop-down menu. If a state entry does not exactly match a state code in the drop-down list, you will receive an error message.

21. *County* (required). Enter the county where the provider is located, or select the county using the drop-down menu (after selecting the state, a drop-down list of available

counties will be created). If entering the county, the county name must exactly match a county name listed in the drop-down menu. If the county name does not exactly match a county name in the drop-down list, you will receive an error message.

A list of accepted county names is available on the County Names tab in the Network Adequacy template. Do not include the Federal Information Processing Standards (FIPS) code when entering the county name in the template.

22. *Zip* (required). Enter the ZIP code where the provider is located. ZIP codes must be entered as either a five-digit or a nine-digit code, such as 00000 or 00000-0000. If a ZIP code has a leading zero, such as 01234, include the leading zero in your entry to preserve the five-digit ZIP code length. If copying and pasting ZIP codes, the ZIP code data must be formatted as text prior to pasting to keep the leading zero intact.

23. *Network IDs* (required). When entering Network IDs, you must assign networks the same numbers as those assigned in the Network and Plans & Benefits templates. Dual-product issuers must create separate Network IDs for their medical and dental plans.

    The template does not allow direct entry into the *Network ID* column; however, issuers can either use the drop-down menu to select the associated networks or copy and paste network data into the template.

    a. Using the drop-down menu, select all of the 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.

    b. If copying and pasting Network IDs, issuers must use the exact same Network ID format as used in the Network and Plans & Benefits templates, which is XXN000—where XX is the issuer's state and the 000 corresponds to the specific network being referenced. For example, if an issuer from Arizona has three networks, the issuer's networks will be AZN001, AZN002, and AZN003. If pasted data do not exactly match the Network ID format used by HIOS, you will receive errors when pasting your network data. If pasting more than one Network ID for a given provider, Network IDs must be separated by a comma and a space.

Facility, Pharmacy, Non-MD/DO Tab

1. Click the **Create Facility, Pharmacy, Non-MD/DO Tab** button on the User Control tab. This creates one Facility, Pharmacy, Non-MD/DO tab. Clicking this button more than once creates multiple Facility, Pharmacy, Non-MD/DO tabs.

    a. Each tab can be up to 50Mb in size (roughly 300,000 records). Because HIOS is unable to accept files larger than 50Mb, issuers with more than 300,000 providers in a Facility, Pharmacy, Non-MD/DO tab must add tabs until each has 300,000 providers or less.

b. Provider tabs can be removed from the workbook by using the Delete function on the User Control tab in the table of Current Tabs. Note that once a tab is deleted, it cannot be recovered, so we recommend saving the template prior to deleting tabs.

2. *National Provider Identifier (NPI)* (required). If the provider has an NPI, enter the 10-digit number in the NPI column. If you do not know the NPI for your provider, please contact the provider directly to acquire it. If no NPI is available, enter **0000000000** in the NPI field.

3. *Facility Name* (required). Enter the name of the facility or pharmacy.

4. *Facility Type* (required). Select all facility types that apply to the facility location. If a facility has multiple facility types at the same address, all facility types should be selected in the same record.

   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 Facility, Pharmacy, Non-MD/DO tab data, such as "040 General Acute Care Hospital." If pasted data does not exactly match the facility type format used in the Facility, Pharmacy, Non-MD/DO tab, you will receive errors when pasting your data. If you would like to enter more than one facility type, each facility type must be separated by a comma and a space.

   If you do not see your facility types listed in the Provider Types tab, please select the **000-OTHER** facility type.

5. *Street Address* (required). Enter the street address of the facility or pharmacy. If the facility or pharmacy has multiple locations, enter each in a separate row.

6. *Street Address 2* (optional). Enter additional street address information, as applicable.

7. *City* (required). Enter the city where the facility or pharmacy is located.

8. *State* (required). Enter the state where the facility or pharmacy is located, or select the state using the drop-down menu. If entering the state, the state code must exactly match a state code listed in the drop-down menu. If a state entry does not exactly match a state code in the drop-down list, you will receive an error message.

9. *County* (required). Enter the county where the facility or pharmacy is located, or select the county using the drop-down menu (after selecting the state, a drop-down list of available counties will be created). If entering the county, the county name must exactly match a county name listed in the drop-down menu. If the county name does not exactly match a county name in the drop-down list, you will receive an error message.

   A list of accepted county names is available on the County Names tab in the Network Adequacy template. Do not include the FIPS code when entering the county name in the template.

10. *Zip* (required). Enter the ZIP code where the facility or pharmacy is located. ZIP codes must be entered as either a five-digit or a nine-digit code, such as 00000 or 00000-0000. If a ZIP code has a leading zero, such as 01234, include the leading zero in your entry to preserve the five-digit ZIP code length. If copying and pasting ZIP codes, the ZIP code data must be formatted as text prior to pasting to keep the leading zero intact.

11. *Network IDs* (required). When entering Network IDs, you must assign networks the same numbers as those assigned in the Network and Plans & Benefits templates. Dual-product issuers must create separate Network IDs for their medical and dental plans.

    The template does not allow direct entry into the *Network ID* column; however, issuers can either use the drop-down menu to select the associated networks or copy and paste network data into the template.

    a. Using the drop-down menu, select all of the Network IDs that correspond to the networks in which the facility or pharmacy is included. If a facility or pharmacy is in multiple networks, all networks should be selected in the same record.

    b. If copying and pasting Network IDs, issuers must use the exact same Network ID format as used in the Network and Plans & Benefits templates, which is XXN000—where XX is the issuer's state and the 000 corresponds to the specific network being referenced. For example, if an issuer from Arizona has three networks, the issuer's networks will be AZN001, AZN002, and AZN003. If pasted data do not exactly match the Network ID format used by HIOS, you will receive errors when pasting your network data. If pasting more than one network ID for a given facility or pharmacy, Network IDs must be separated by a comma and a space.

4.2.2 Finalizing Template

Once you have completed the Network Adequacy template, follow these steps to finalize the template.

1. Click the **Validate** button on the User Control tab. The validation process will identify any data issues that need to be resolved. If no errors are identified proceed directly to the 3rd step.

2. If the template has any errors, a Validation Report will appear on the Errors tab. Within the tab there are three columns, one that indicates what tab produced the error, one that indicates the cell location for the specific error, and then one that describes the error. Correct any identified errors and click **Validate** again. Continue this process until all errors are resolved. Once the template is valid, proceed to the next step.

3. Click the **Create Documents** button on the User Control tab. The **Create Documents** function creates the XML file of the template that you need to upload in the applicable QHP application system.

4. **Save** the XML template. It is recommended you save the validated template to your computer as both a standard Excel.XLSM file, and the finalized.XML file on your local computer in the same folder that contains the template.

Please note: Network Adequacy file names created by the template should not be changed. If the file names are altered, we may not be able to identify your Network Adequacy data files and you may receive a correction notice requesting that you resubmit your Network Adequacy data.

5. Upload the Network Adequacy template using the "Upload Network Adequacy template Files" feature of the Network Adequacy section of the Issuer module. Then, upload the provider and facility network (.txt) files generated by the template using the "Upload File(s)" feature of the Network Adequacy section of the Issuer module (directly below where the Network Adequacy template was uploaded).

4.3 Supporting Documentation and Justification Instructions

If an issuer receives a correction notice related to network adequacy, it has the option to submit an updated Network Adequacy template and/or to submit a written justification. The written justification should explain how the issuer will provide reasonable access to healthcare providers in the geographic area(s) identified and any other considerations and information that the issuer believes is pertinent, including, but not limited to, applicable patterns of care, information about provider availability in the area, and applicable policies and procedures. This written justification also should identify whether the issuer has received enrollee complaints about the lack of access to healthcare providers in these geographic area(s), and if so, the number of these complaints and an explanation of how the complaints were resolved. The written explanation should be saved as a PDF or Word file and uploaded using the "Upload File(s)" feature of the Network Adequacy section of the Issuer module (directly below where the Network Adequacy template was uploaded).