

Chapter 18: Instructions for the ECP/Network Adequacy Template

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1. Overview

The Centers for Medicare & Medicaid Services (CMS) requires Qualified Health Plan (QHP) issuers to have a sufficient number and geographic distribution of essential community providers (ECPs) in their service areas, where available. In addition, 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.

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

2. Purpose

The purpose of the ECP/Network Adequacy section of the QHP Application is to collect information that demonstrates that the issuer meets the requirement of having a sufficient number and geographic distribution of ECPs as well as to collect provider data in each network associated with a QHP. This data will be used to determine whether issuer networks meet the “reasonable access” standard.¹ This chapter guides issuers through the steps to complete the ECP/Network Adequacy section of the QHP Application.

¹ Reasonable access: sufficient number and types of providers to ensure reasonable access without delay.

3. Data Requirements

To complete this section, you will need the following:

1. Access to the application system, either the Health Insurance Oversight System (HIOS) or the System for Electronic Rate and Form Filing (SERFF)
2. HIOS Issuer ID
3. Issuer state
4. Proposed market type (SERFF only)
5. Plan type (SERFF only)
6. Completed Network ID Template(s) to import Network IDs or the Network IDs for each of the proposed networks
7. A list of providers in each of the proposed networks, including NPI, provider first and last name, specialty and facility type, street address, city, state, county, and ZIP code.
8. A list of ECP in each of the proposed networks including NPI, provider name, street address, county, number of contracted providers, and associated issuer network IDs.

4. Application Instructions

The ECP/Network Adequacy section of the QHP Application comprises four parts: (1) Network Adequacy Justification and Attestations, (2) ECP Supplemental Response and Attestations, (3) ECP Write-In Worksheet, and (4) a template for identifying your ECP/Network Adequacy issuer information. Figure 18-1 shows key items in these instructions for completing the ECP/Network Adequacy section

Figure 18-1. ECP/Network Adequacy Section Highlights

- All of the instructions in this document apply to both QHP and SADP issuers as they are required to submit ECP/Network Adequacy information as part of their QHP Application.
- The correct version of the ECP/Network Adequacy Template shows 2017 in the banner. Download the latest version of the ECP/ Network Adequacy Template from <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html> or from the HIOS Issuer Module.
- Ensure that **Automatic Calculation** is turned on in Excel: *Formulas -> Calculation Options -> Automatic*.
- Issuers must complete the *Issuer Information* section on the User Control tab before creating and entering data into separate tabs.

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- Each tab in the ECP/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 a tab must create additional tabs until each tab has 300,000 providers or less.
- To complete the ECP/Network Adequacy section of the QHP Application:
 - Respond to the ECP attestation in the ECP/Network Adequacy section of the Issuer Module of the QHP Application System.
 - Complete the ECP/Network Adequacy Template.
 - Complete the ECP Write-in Worksheet, as applicable.
 - Complete the ECP Supplemental Response form, as applicable.
 - Complete the Network Adequacy attestation.
 - Complete the Network Adequacy justification, as applicable.
- You must import the Network IDs Template into the ECP/Network Adequacy Template and assign the Network ID's to the providers using the drop down feature.
- If you wish to change *Issuer Information* on the User Control tab after populating your provider sheets, you must delete the old Individual Provider and/or Facilities & Pharmacies tabs before adding new tabs. If previous tabs are not deleted, then changes to *Issuer Information* may not be accurately reflected in the new tabs. Note: ECP tabs cannot be added or deleted.
- Do not change the file names on your ECP/Network Adequacy files after finalizing the template. This file-naming convention allows CMS to easily identify your ECP/Network Adequacy Template. Changing the file name could cause the issuer to receive a correction notice.
- 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 enabling macros.
- All header fields in the template marked with an asterisk (*) are required.

4.1 Template Instructions

Templates can be downloaded from the CMS website at <http://cciio.cms.gov/programs/exchanges/qhp.html> or through the Issuer Module.

4.2.1 Entering Data

The steps that follow describe how to complete the ECP/Network Adequacy Template. Please note that the **Issuer Information** section within the **User Control** tab must be completed before tabs can be created. All required information for the ECP/Network Adequacy Template is indicated by an asterisk (*). Figure 18-2 displays the User Control tab.

- a. **Individual**—if all plans offered are on the individual market only.
 - b. **SHOP (Small Group)**—if all plans offered are on the small group market only.
 - 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.
4. *Dental Only* (required for SPM issuers only). Select the plan types included in your QHP Application using the drop-down menu. Choose from the following:
 - a. **Yes**—if you are only submitting dental-only (SADP) plans.
 - b. **No**—if you are only submitting QHP plans.
 - 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.
 5. *State* (required). Select the state for which you are applying to offer QHPs using the drop-down menu. Note that the issuer state cannot be changed once the provider tab(s) have been created. If the issuer state must be changed, then all associated provider tab(s) must be deleted.
 6. *Is this an Alternate ECP Standard Issuer?*² (required).
 - a. **Yes**—if you are an alternate ECP standard issuer as described in 45 CFR 156.235(b).
 - b. **No**—if you are not an alternate ECP standard issuer.

Actions

1. *Create New Individual Provider (MD/DO) Tab*. Click the **Create Individual (MD/DO) Tab** button. This creates one **Individual Provider** tab. This creates one **Individual Provider** tab (clicking this button more than once creates multiple tabs, such as IndividualProviders2, IndividualProviders3).
2. *Create New Facility, Pharmacy, Non-MD/DO Tab*. Click the **Create Facility, Pharmacy, Non-MD/DO tab** button. This creates one **Facilities & Pharmacies1** tab (clicking this button more than once creates multiple tabs, such as Facilities & Pharmacies2, Facilities & Pharmacies3).
3. *Import Network IDs*. Click on the **Import Network IDs** button to import data from the Network ID Template (please refer to Chapter 8 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 Provider** and **Facilities & Pharmacies** tabs.

² Alternate ECP standard issuers provide the majority of covered professional services through physicians they employ or through a single contracted medical group.

Once the Network ID Template is imported, the template does not allow direct entry into the *Network ID* columns; however, issuers can use the drop-down menu in subsequent tabs to select the associated networks.

If copying and pasting Network IDs, issuers must use the exact same Network ID format as used in the Network ID Template and Plans & Benefits Template, 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.

4.1.1.2 Select ECPs

The **Select ECPs** tab contains the Final HHS PY 2017 Non-exhaustive ECP List. Issuers will use this tab to select their contracted ECPs. The ECPs selected by the issuer will be used to populate the ECP tabs (i.e., the **Facility ECPs** tab or **Individual ECPs** tab). The **Select ECPs** tab contains all of the ECPs included in the Final HHS PY 2017 Non-exhaustive ECP list and should be used as the primary reference when completing the ECP portion of the ECP/NA template. Using the Select ECPs tab will enable the ECP/NA template to populate the appropriate data in the **Facility ECPs** and **Individual ECPs** tabs.

The **Select ECPs** tab contains all of the ECPs listed in the Final HHS PY 2017 Non-exhaustive ECP List. Issuers must use the **Select ECPs** tab to select their contracted ECPs. Once the issuer selects its contracted ECPs from the **Select ECPs** tab and clicks the **Insert Selected ECPs** button, the selected ECPs will populate the **Facility ECPs** or **Individual ECPs** tabs. The ECP/NA template will distribute the selected ECPs based on the combined FTE counts as reported by the provider and reflected on the **Select ECPs** tab, located in columns G and H of the **Select ECPs** tab. If the sum of the FTEs in columns G and H is more than one, the ECP will appear on the **Facility ECPs** tab. If the sum of the FTEs is less than or equal to one, the ECP will appear on the **Individual ECPs** tab.

Issuers may only select ECPs in the state identified on the **User Control** tab. Figure 18-3 shows a sample of the **Select ECPs** tab in the ECP/NA template.

Figure 18-3. Select ECPs Tab in ECP/Network Adequacy Template

Add ECP?	Row Number	Site Name	Organization Name	National Provider Identifier	ECP Category (General ECP Standard Issuers Only)	Number of authorized MDs, DOs, PAs, and NPs	Number of authorized DMEs and DDSs	Site Street Address 1	Site Street Address 2	Site City	Site State	Site Zip Code
ADD	201700002	Adak Medical Clinic	EASTERN ALEUTIAN TRIBES, INC. (EAT)	1285796094	Community Mental Health Centers, Dental Providers, Family Planning Providers, Federally Qualified Health Centers, Rural Health Clinics, Ryan White Providers, Sexually Transmitted Disease Clinics, Tribal Health Program operated under P.L. 93-638	8		1 2105 Main St	PO Box 2105	Adak	AK	99546-210
	201700003	Aktiook Village Clinic	KODIAK AREA NATIVE ASSOCIATION (KANA)	1205883907	Dental Providers, Federally Qualified Health Centers, Indian Health Service, Rural Health Clinics	1		1 3rd Ave		Aktiook	AK	99615
	201700004	Yukon-Kuskokwim Health Corporation Akiachak Clinic	Yukon-Kuskokwim Health Corporation	1447477815	Indian Health Service, Tribal Health Program operated under P.L. 93-638	1		0 Main St	PO Box 51089	Akiachak	AK	99551-008
ADD	201700005	Yukon-Kuskokwim Health Corporation Akiak Clinic	Yukon-Kuskokwim Health Corporation	1447477815	Indian Health Service, Tribal Health Program operated under P.L. 93-638	1		0 148 Post Rd	PO Box 216	Akiak	AK	99552
ADD	201700006	ANESIA KUORIN MEMORIAL CLINIC	Eastern Aleutian Tribes, Inc.	1568423382	Dental Providers, Federally Qualified Health Centers, Rural Health Clinics, Ryan White Providers, Tribal Health Program operated under P.L. 93-638	1		1 113 Main St	PO Box 113	Akutan	AK	99553-011
ADD	201700007	Yukon-Kuskokwim Health Corporation Alakanuk Clinic	YUKON-KUSKOKWIM HEALTH CORPORATION	1447477815	Indian Health Service, Tribal Health Program operated under P.L. 93-638	1		0 Anderson Street Clinic Drive	PO Box 288	Alakanuk	AK	99554-028
	201700008	ALATNA HEALTH CLINIC	Tanana Chiefs Conference (DENA' NENA' HENASH)	0000000000	Federally Qualified Health Centers, Indian Health Service	99999	99999	PO Box 10		Alatna	AK	99720
	201700009	ALLAKAKET HEALTH CLINIC	Tanana Chiefs Conference (DENA' NENA' HENASH)	1821201278	Community Mental Health Centers, Dental Providers, Federally Qualified Health Centers, Indian Health Service, Rural Health Clinics, Tribal Health Program operated under P.L. 93-638	1		1 Koyokuk River Junction		Allakaket	AK	99720

To select ECPs to be added to the ECP tabs:

1. On the **Select ECPs** tab, double-click in the *Add ECP* column for the ECPs that are to be added to the ECP tabs. Once selected, the selected row will be highlighted blue and “add” will appear in the *Add ECP?* column. Continue selecting ECPs until all of the available ECPs from the ECP list have been selected.
 - a. To unselect an ECP, double-click on the select a second time—the blue highlighting will be removed and the ECP will not be added to the ECP tabs.
 - b. To clear all selected ECPs, click the **Clear All** button at the top of the **Select ECPs** tab, and all highlighted ECPs will be deselected and will not be added to the ECP tabs.
2. Click the **Insert Selected ECPs** button. The selected ECPs will be added to the **Facility ECPs** or **Individual ECPs** tab of the ECP/Network Adequacy Template.
 - a. If possible, select all contracted ECPs before clicking the **Insert Selected ECPs** button. Any ECPs selected on the **Select ECPs** tab will be added to the **Facility ECPs** or **Individual ECPs** tab whenever the **Insert Selected ECPs** button is clicked, which may generate duplicate ECP records.
 - b. Issuers with contracted ECPs that are not listed on the Final HHS PY 2017 Non-exhaustive ECP List should refer to Section 4.3 for instructions on submitting ECP write-ins.

Note: You must use the functionality of the **Select ECPs** tab described in steps 1 and 2 above to populate the ECP/Network Adequacy template. The template will produce errors when validating if an issuer does not use the **Select ECPs** functionality and instead types or copies and pastes the ECP information from the **Select ECPs** tab into the **Facility ECPs** or **Individual ECPs** tabs.

4.1.1.3 Facility ECPs

Once the issuer selects its contracted ECPs from the **Select ECPs** tab and inserts the ECPs into the ECP tabs; selected ECPs will be inserted into the **Facility ECPs** tab or the **Individual ECPs** tab. The **Facility ECPs** tab will contain the list of ECP facilities with which the issuer has contracted that reported more than one full-time equivalent (FTE) practitioners (medical plus dental) available at that site to participate in an issuer’s provider network. In other words, the ECPs that an issuer selects from the **Select ECPs** tab that have a total number of available providers (medical plus dental) greater than one FTE will appear on the **Facility ECPs** tab.

The **Facility ECPs** tab will contain the list of ECP facilities with which the issuer has contracted for providers reporting more than one FTE practitioners (medical plus dental) available at that site to participate in an issuer’s provider network. For each ECP facility that the issuer selects from the **Select ECPs** tab, a record will be added to the **Facility ECPs** tab that includes (as available from the Final PY 2017 ECP List) the following: row number, NPI, facility name, provider name, street address, city, state, ZIP, county, and ECP category. Any field that is not populated by the **Select ECPs** tab must be completed by the issuer before the template is validated.

For issuers planning to write in **Facility ECPs**, please refer to Chapter 7, Section 4.3 for instructions on submitting ECP write-ins.

Figure 18-4 shows a sample of the **Facility ECPs** tab in the ECP/Network Adequacy Template.

Figure 18-4. Facility ECPs Tab in ECP/Network Adequacy Template

Remove ECP	Row Number	National Provider Identifier (NPI)	Facility Name	Facility Type	Provider Name	ECP Category (General ECP Standard Issuers Only)	Street Address
	201703465	0000000000	University of Colorado Hospital	041 Cardiac Surgery Program	University of Colorado Hospital	Ryan White Providers	1635 N Ursula St
	201703466	1811333842	METRO COMMUNITY PROVIDER NETWORK, INC.	051 Speech Therapy	Elmira Refugee Health Center	Federally Qualified Health Centers	1666 Elmira St
	201703467	1205098340	METRO COMMUNITY PROVIDER NETWORK, INC.	000 OTHER	NORTH ALIORA FAMILY HEALTH SERVICES CENTER	Dental Providers, Federally Qualified Health Centers	3292 Peoria St
	201703468	1649430174	METRO COMMUNITY PROVIDER NETWORK, INC.	048 Mammography	POTOMAC STREET HEALTH CLINIC	Federally Qualified Health Centers	700 Potomac St Ste A
	201703469	1558657312	METRO COMMUNITY PROVIDER NETWORK, INC.	044 Outpatient Dialysis	Chambers Clinic at AuMHC	Federally Qualified Health Centers	791 Chambers Rd
				049 Physical Therapy (Individual physical therapists providing care in Free-standing; hospital outpatient and ambulatory health care facilities).			
	201703471	1548569924	MOUNTAIN FAMILY HEALTH CENTERS	050 Occupational Therapist, 051 Speech Therapy	MOUNTAIN FAMILY HEALTH CENTERS BASALT	Federally Qualified Health Centers	234 Cody Ln
	201703473	1184613234	CLINICA CAMPESINA FAMILY HEALTH SERVICES	055 Home Health	Clinica Family Health - People's Clinic	Federally Qualified Health Centers	2525 13th St
	201703474	1881743631	Planned Parenthood of the Rocky Mountains, Inc.	000 OTHER	Planned Parenthood of the Rocky Mountains - Boulder	Family Planning Providers	2525 Arapahoe Ave
	201703475	1679784342	Boulder Valley Women's Health Center	000 OTHER	Boulder Valley Women's Health Center	Family Planning Providers	2855 Valmont Rd

To complete the **Facility ECPs** tab:

1. Review the ECPs in the **Facility ECPs** tab to ensure that all of your selected facility ECPs are displayed. Any ECP data populated by the **Select ECPs** tab are not editable.

- a. If the data are correct, proceed to step 2.
 - b. If you selected an ECP that you would like to remove, refer to step 6.
2. In the *Facility Type* column, use the drop-down menu to select the appropriate facility type for each ECP. Issuers may select multiple facility types for each ECP, as applicable. If none of the listed menu selections apply to the ECP, select **000 OTHER**.
 3. In the *Network ID* column, use the drop-down menu to select the network IDs for each ECP. Issuers may select multiple networks IDs for each ECP, as applicable. If you are a dual issuer, you must create separate network IDs for your medical and dental plans.
 4. In the *Number of Contracted MDs, DOs, PAs, and NPs* column, enter the number of health care practitioner FTEs (MDs, DOs, PAs, and NPs) that are included in its identified provider networks for each ECP facility with which the issuer has contracted. For PY 2017, issuers may enter integer values only. Any fractional or decimal numbers entered should be rounded down to the next integer value.

Note that the maximum allowable number of FTEs is equal to the integer value of available FTEs reported by the respective provider at each site location, as reflected in columns G and H of the **Select ECPs** tab. (For example, if an ECP has reported 4.8 FTEs available at a site, the maximum integer value that the issuer can enter in an ECP tab is 4.)

ECPs that appear on the **Select ECPs** tab with an available FTE count of **99999** indicate that the ECP has not provides an FTE count in their ECP petition for that site. For this scenario, issuers should enter the null value of **0** in this data field within the **Facility ECPs** tab to facilitate template validation. The FTE counts will not factor into the denominator for calculating the issuer's satisfaction of the 30 percent threshold for PY 2017.

5. In the *Number of Contracted DMDs and DDSs* column, enter the number of dental care practitioner FTEs (DMDs and DDSs) that are included in its identified provider networks for each ECP facility with which the issuer has contracted. For PY 2017, issuers may enter integer values only. Any fractional or decimal numbers entered should be rounded down to the next integer value.

Note that the maximum allowable number of FTEs is equal to the integer value of available FTEs reported by the respective provider at each site location, as reflected in columns G and H of the **Select ECPs** tab. (For example, if an ECP has reported 4.8 FTEs available at a site, the maximum integer value that the issuer can enter in an ECP tab is 4.)

ECPs that appear on the **Select ECPs** tab with an available FTE count of **99999** indicate that the ECP has not provides an FTE count in their ECP petition for that site. For this scenario, issuers should enter the null value of **0** in this data field within the **Facility ECPs** tab to facilitate template validation. The FTE counts will not factor into the denominator for calculating the issuer's satisfaction of the 30 percent threshold for PY 2017.

- To remove ECPs from the **Facility ECPs** tab, double-click the record to be deleted in the *Remove ECP* column. Click the **Remove Selected ECPs** button to remove the ECP from the **Facility ECPs** tab.

4.1.1.4 Individual ECPs

The **Individual ECPs** tab will contain the list of individual ECPs with which the issuer has contracted that reported one or fewer FTE practitioner (medical plus dental) available at that site to participate in an issuer’s provider network. In other words, the ECPs that an issuer selects from the **Select ECPs** tab that have a total number of available providers (medical plus dental) less than or equal to one FTE on the **Select ECPs** tab will appear on the **Individual ECPs** tab.

The **Individual ECPs** tab will contain the list of individual ECPs with which the issuer has contracted for those providers reporting less than or equal to one FTE practitioner (medical plus dental) available at that site to participate in an issuer’s provider network. For each individual ECP that the issuer selects from the **Select ECPs** tab, a record will be added to the **Individual ECPs** tab that includes the following: row number, NPI, name of provider, specialty type, street address, city, state, ZIP, county, and ECP category (as available from the Final PY 2017 ECP List). Any field that is not populated by the **Select ECPs** tab must be completed by the issuer before the template is validated.

For issuers planning to write in **Individual ECPs**, please refer to Chapter 7, Section 4.3 for instructions on submitting ECP write-ins.

Figure 18-5 shows a sample of the **Individual ECPs** tab in the ECP/Network Adequacy Template.

Figure 18-5. Individual ECPs Tab in ECP/Network Adequacy Template

Remove ECP?	Row Number	National Provider Identifier (NPI)	Name of Provider	Physician/Physician	Specialty Type (area of medicine)	Provider Entity Name	ECP Category (General ECP Standard Issue)
	201703470	1821010448	AVONDALE CLINIC	Physician	001 General Practice, 002 Family Medicine, 005 Primary Care - Physician Assistant, 006 Primary Care - Nurse Practitioner	PUEBLO COMMUNITY HEALTH CENTER	Federally Qualified Health Centers
	201703472	1659649135	Clinica Family Health - MHP Alpine	Physician	101 Pediatrics - Routine/Primary Care	CLINICA CAMPESINA FAMILY HEALTH SERVICES	Federally Qualified Health Centers
	201703483	1215935978	Broomfield Public Health and Environment Division of Health and Human Services	Non-Physician	001 General Practice, 002 Family Medicine	Broomfield Public Health and Environment Division of Health and Human Services Department	Family Planning Providers, Sexually Transmitted Disease Clinics

To complete the **Individual ECPs** tab:

1. Review the ECPs in the **Individual ECPs** tab to ensure that all of your selected individual ECPs are displayed. Any ECP data populated by the *Select ECP* tab are not editable.
 - a. If the data are correct, proceed to step 2.
 - b. If you selected an ECP that you would like to remove, refer to step 7.
2. In the *Physician/Non-Physician* column, use the drop-down menu to indicate whether the provider is a physician or non-physician practitioner.
3. In the *Specialty Type* column, use the drop-down menu to select the appropriate specialty type for each ECP. Issuers may select multiple specialty types for each ECP, as applicable. If none of the listed menu selections apply to the ECP, select **000 OTHER**.
4. In the *Network ID* column, use the drop-down menu to select the network IDs for each ECP. Issuers may select multiple networks IDs for each ECP, as applicable. If you are a dual issuer, you must create separate network IDs for your medical and dental plans.
5. In the *Number of Contracted DMDs and DDSs* column, enter the number of dental care practitioner FTEs (DMDs and DDSs) that are included in its identified provider networks for each ECP facility with which the issuer has contracted. For PY 2017, issuers may enter integer values only. Any fractional or decimal numbers entered should be rounded down to the next integer value.

Note that the maximum allowable number of FTEs is equal to the integer value of available FTEs reported by the respective provider at each site location, as reflected in columns G and H of the **Select ECPs** tab. (For example, if an ECP has reported 4.8 FTEs available at a site, the maximum integer value that the issuer can enter in an ECP tab is 4.)

ECPs that appear on the **Select ECPs** tab with an available FTE count of **99999** indicate that the ECP has not provides an FTE count in their ECP petition for that site. For this scenario, issuers should enter the null value of **0** in this data field within the **Individual ECPs** tab to facilitate template validation. The FTE counts will not factor into the denominator for calculating the issuer's satisfaction of the 30 percent threshold for PY 2017.

6. In the *Number of Contracted DMDs and DDSs* column, enter the number of dental care practitioner FTEs (DMDs and DDSs) that are included in its identified provider networks for each ECP facility with which the issuer has contracted. For PY 2017, issuers may enter integer values only. Any fractional or decimal numbers entered should be rounded down to the next integer value.

Note that the maximum allowable number of FTEs is equal to the integer value of available FTEs reported by the respective provider at each site location, as reflected in columns G and H of the **Select ECPs** tab. (For example, if an ECP has reported 4.8 FTEs available at a site, the maximum integer value that the issuer can enter in an ECP tab is 4.)

ECPs that appear on the **Select ECPs** tab with an available FTE count of **99999** indicate that the ECP has not provides an FTE count in their ECP petition for that site. For this

scenario, issuers should enter the null value of **0** in this data field within the **Individual ECPs** tab to facilitate template validation. The FTE counts will not factor into the denominator for calculating the issuer's satisfaction of the 30 percent threshold for PY 2017.

7. To remove ECPs from the **Individual ECPs** tab, double-click the record to be deleted in the **Remove ECP** column. Click the **Remove Selected ECPs** button to remove the ECP from the **Individual ECPs** tab.

Issuers proposing service areas without ECPs: The ECP/Network Adequacy Template is required to complete the QHP Application. In the unlikely event that you are proposing a network without ECPs, enter the following values in the **Facility ECPs** tab in the ECP/Network Adequacy Template to indicate that you have no ECPs in your networks (you must enter this information to proceed with the rest of the application):

Row Number: Leave blank.
NPI: Enter **0000000000**.
Facility Name: Enter **ZZZZZ**.
Facility Type: Select **000 Other** from the drop-down menu.
Provider Name: Enter **ZZZZZ**.
ECP Category (General ECP Standard Issuers Only): Enter **NA**.
Street Address: Enter **00000**.
City: Enter **ZZZZZ**.
State: Select the state in which the service area is located from the drop-down menu.
County: Select a county from the drop-down menu.
Zip Code: Select a ZIP code from the HPSA tab that is in the same state in which the service area is located.
Network ID: Using the drop-down menu, enter an ID associated with the network that does not have an available ECP.
Number of Contracted MDs, DOs, PAs, and NPs: Enter **0**.
Number of Contracted DMDs, DDSs: Enter **0**.

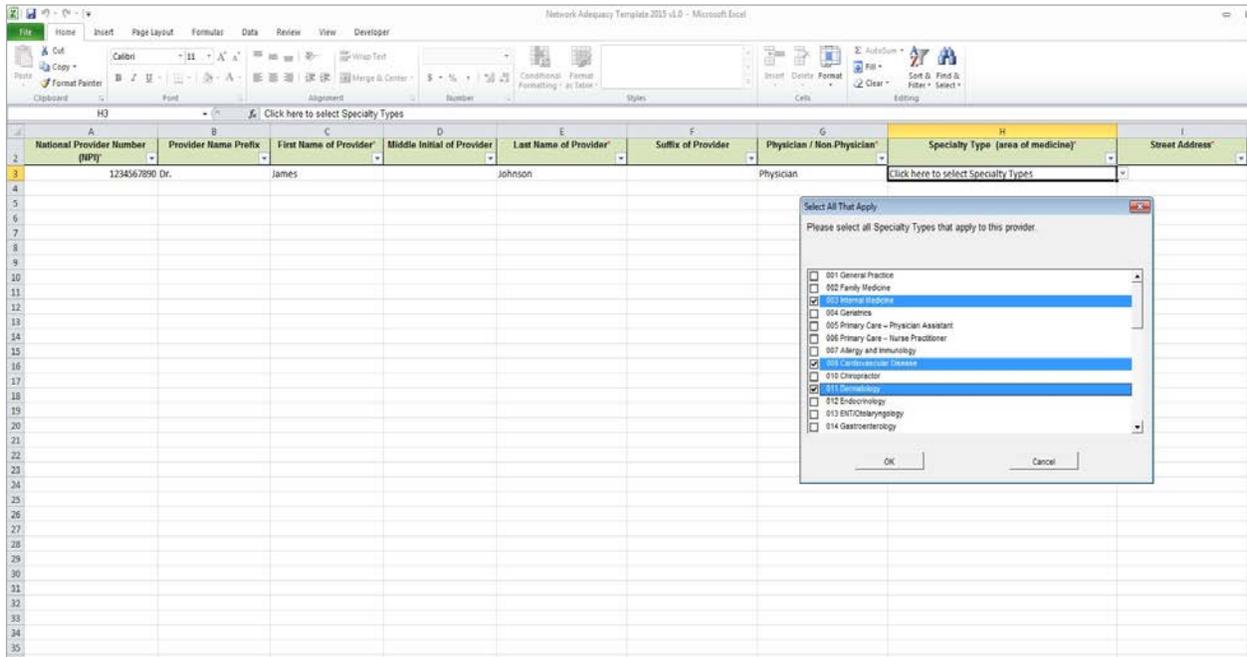
Enter these default null values only if no ECPs are in your service area. Issuers with no ECPs in at least one network must provide the appropriate supporting documentation.

4.1.1.5 Individual Provider (MD/DO)

1. *Create New Individual Provider (MD/DO) Tab.* Under the **Actions** section, click the **Create Individual (MD/DO) Tab** button. This creates one **Individual Provider** tab (clicking this button more than once creates multiple tabs, such as IndividualProviders2, IndividualProviders3).

Figure 18-6 displays the Individual Provider tab.

Figure 18-6. ECP/Network Adequacy Template—Individual Provider Tab



- a. This tab should include only individual providers. To add facilities and/or pharmacies, users must click the **Create Facility, Pharmacy, Non-MD/DO Tab** button.
- b. If you are contracting with a provider group, please enter this information in the **Individual Provider** tab and select all applicable specialties. For the provider group's name, please enter text in both the *First Name of Provider* (column C) field and *Last Name of Provider* (Column E) field. For example, if your provider group's name is Lakeshore Medical Group, LLC, put "Lakeshore Medical Group" in the *First Name of Provider* field and "LLC" in the *Last Name of Provider* 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 records must create additional **Individual Provider** tabs to accommodate the file size limit.
- d. **Individual Provider** tabs can be removed from the workbook 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 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. 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 you do not know the NPI. If a provider does not have an NPI, enter **0000000000** (10 zeros) in the NPI field.
3. *Provider Name Prefix* (optional). Enter the prefix for the provider, such as “Dr.”
4. *First Name of Provider* (required). Enter the first name of the provider.
5. *Middle Initial of Provider* (optional). Enter the middle initial of the provider.
6. *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.
7. *Suffix of Provider* (optional). Enter the provider suffix, as applicable, such as “Jr.” or “Sr.”
8. *Physician/Non-physician* (required). Select **Physician** or **Non-physician**, as appropriate.
9. *Specialty Type (area of medicine)* (required). 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. The accepted specialty types are listed on the **Specialty Types** tab of the template.
 - a. 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 Provider** tab, e.g., “006 Primary Care – Nurse Practitioner” is pasted (longer dash) instead of “006 Primary Care - Nurse Practitioner,” then you will receive errors when validating your data.
 - b. If you would like to enter more than one specialty type for a provider, separate specialty types with a comma and a space.
 - c. If you do not see your specialty types listed in the **Specialty Types** tab, please select specialty type **000 OTHER** from the drop-down menu.
10. *Street Address* (required). Enter the street address of the provider. If the provider has multiple locations, enter each street address in a separate row.
11. *Street Address 2* (optional). Enter additional street address information, as applicable.

12. *City* (required). Enter the city where the provider is located.
13. *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.
14. *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 template. Do not include the Federal Information Processing Standards (FIPS) code when entering the county name.

15. *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 (the template will automatically populate a hyphen if a nine-digit ZIP code is entered).

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.

16. *Network IDs* (required). When entering Network IDs, you must 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.
 - a. Once the Network ID Template is imported, 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.
 - b. 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.

If copying and pasting Network IDs, issuers must use the exact same Network ID format as used in the Network ID Template and Plans & Benefits Template, 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.

4.1.1.6 Facility, Pharmacy, Non-MD/DO

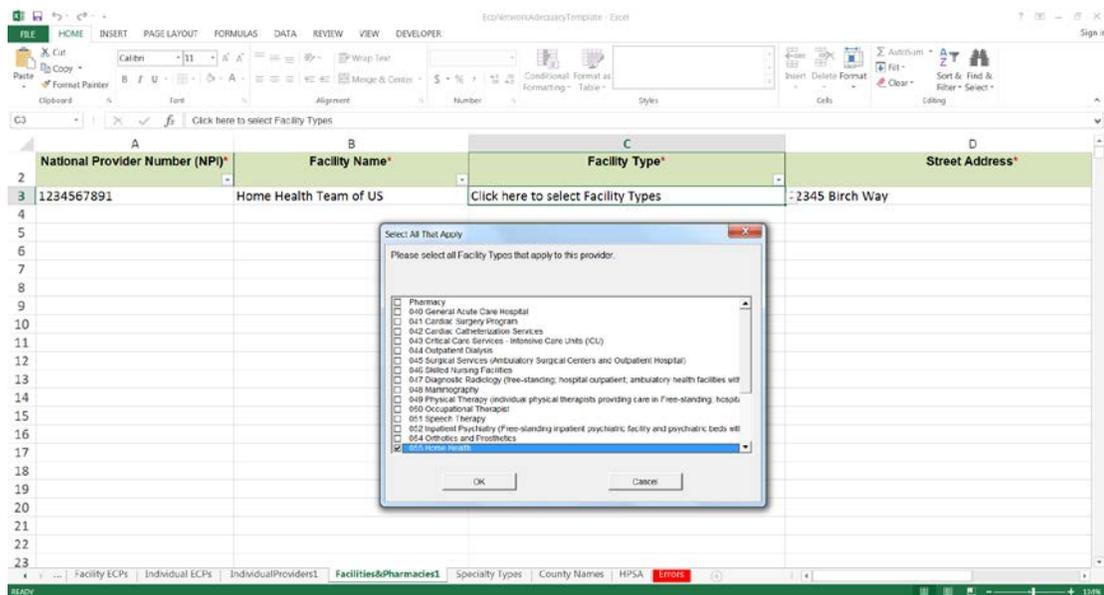
1. *Create New Facility, Pharmacy, Non-MD/DO Tab*. Under the **Actions** section of the **User Control** tab, click the **Create Facility, Pharmacy, Non-MD/DO tab** button. This

creates one **Facilities & Pharmacies1** tab (clicking this button more than once creates multiple tabs, such as Facilities & Pharmacies2, Facilities & Pharmacies3).

- a. Each tab can be up to 50Mb in size (approximately 300,000 records). Because HIOS is unable to accept files larger than 50Mb, issuers with more than 300,000 records must create additional **Facilities & Pharmacies** tabs to accommodate the file size limit.
- b. **Facilities & Pharmacies** tabs can be removed from the workbook 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 we recommend saving the template prior to deleting tabs.

Figure 18-7 displays the Facilities & Pharmacies tab.

Figure 18-7. ECP/Network Adequacy Template—Facilities & Pharmacies Tab



2. **National Provider Identifier (NPI)** (required). If the provider has an NPI, enter the 10-digit number 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 you do not know the NPI. If a provider does not have an NPI, enter **0000000000** (10 zeros) in the NPI field.
3. **Facility Name** (required). Enter the name of the facility or pharmacy.
4. **Facility Type** (required). 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.

- a. 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, you will receive errors when pasting your data.
 - b. If you would like to enter more than one facility type, each facility type must be separated by a comma and a space.
 - c. If you do not see your facility type(s) listed in the **Specialty Types** tab, please select **000 OTHER** from the drop-down menu.
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 menu 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 template. Do not include the FIPS code when entering the county name.

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 (the template will automatically populate a hyphen if a nine-digit ZIP code is entered).

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 ID Template and Plans & Benefits Template. Dual-product issuers must create separate Network IDs for their medical and dental plans.

4.1.1.7 Specialty Types

The **Specialty Types** tab contains the specialty/facility and pharmacy types that can be added into the ECP/Network Adequacy Template.

4.1.1.8 County Names

The **County Names** tab contains the county names that are used and accepted in the ECP/Network Adequacy Template.

4.1.1.9 HPSA

The **HPSA** tab contains the health professional shortage area (HPSA) and low-income ZIP codes. You are able to filter by ZIP code and which state they are associated.

4.1.1.10 Errors

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

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 you to navigate to the exact cell in the correct tab.
3. Column C— Validation Error Message: describes the error.

4.2 Finalizing Template

Once you have completed entering data into the ECP/Network Adequacy Template, follow these steps to finalize the template.

1. Under the **Actions** section in the **User Control** tab, click the **Validate Data** button. The validation process will identify any data issues that need to be resolved. If no errors are identified, proceed directly to the third step. Note that the length of time needed for validation depends on the size of the template.
2. If the template has any errors, a summary of these errors will appear on the **Errors** tab. Within the tab there are three columns:
 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 you to navigate to the exact cell.
 3. Column C—Validation Error Message: describes the error.

Correct any identified errors and click the **Validate** button again. Continue this process until all errors are resolved. Once the template is valid, proceed to the next step.

Note the Network Adequacy tabs of the template cannot contain any empty rows; otherwise, these rows will produce errors during validation. If you delete one or more

rows within a tab and/or reorganize the data, you will need to rerun the data validation to ensure that the hyperlinks on the **Errors** tab are refreshed and accurately updated.

3. Under the **Actions** section in the **User Control** tab, click the **Create Documents** button. Based on the information entered in the template, the **Create Documents** function will create a separate .xml file for each tab within the template workbook. All of the separate files will be compressed into one zip file, which can be uploaded into the Issuer Module.

Note that any **Individual Provider** and **Facility & Provider** tabs that do not contain provider data must be deleted before the template can create documents.

Note that the **Create Documents** button should not be clicked until both the ECP and the Network Adequacy tabs have been completed and validated template. If the Create Documents button is clicked before both templates are completed, errors will be identified during template validation.

4. Save the .xml files on your local computer in the same folder that contains the template.

Note that ECP/Network Adequacy file names created by the template should not be changed. If the file names are altered, you may receive a correction notice requesting that you resubmit your ECP/Network Adequacy data.

5. Upload the ECP/Network Adequacy files into the Issuer Module.