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 assure 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).

2. Purpose

This chapter guides issuers through completing the Network Adequacy section of the QHP Application.

3. Network Adequacy Template 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 National Provider Identifier (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 two 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.

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

Figure 6-1. Network Adequacy Section Highlights

- The latest version of the Network Adequacy Template is available at http://cciio.cms.gov/programs/exchanges/qhp.html. The Network Adequacy Template shows 2015 Network Adequacy Template v1.0 in the header of the User Control tab.
- If you are a stand-alone dental plan (SADP) issuer, see the Stand-Alone Dental Plan Instructions for guidance on completing this section.
- 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 provider network files generated by the template to "Other" in the Benefits & Service Area module of the QHP Application.
- 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**.
- Ensure that **Automatic Calculation** is turned on in Excel: *Formulas -> Calculation Options -> Automatic*.
- Issuers must complete the *Issuer Information* on the User Control tab before attempting to enter provider data.
- Separate tabs should be created for individual providers, facilities and pharmacies.

(continued on next page)

- Each tab in the Network Adequacy Template workbook can be up to 50Mb in size, roughly 300,000 records, since 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.
- All header fields in the tabs marked with an asterisk (*) are required.
- 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 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 to draw enrollees. Network providers in non-contiguous states should be submitted with the QHP applications for the states which they apply.
- 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.
- If you wish to change the *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 the Issuer Information may not be accurately reflected in the old tabs.
- 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 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.

All issuers must complete the Network Adequacy Template. When the template is completed, issuers must upload it to the Benefits & Service Area Module, and complete the Network Adequacy attestations and question in the Issuer module of the QHP Application system.

4.1 Template Instructions

Use 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. Figures 6-2 and 6-3 show sample completed Network Adequacy Template tabs.

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

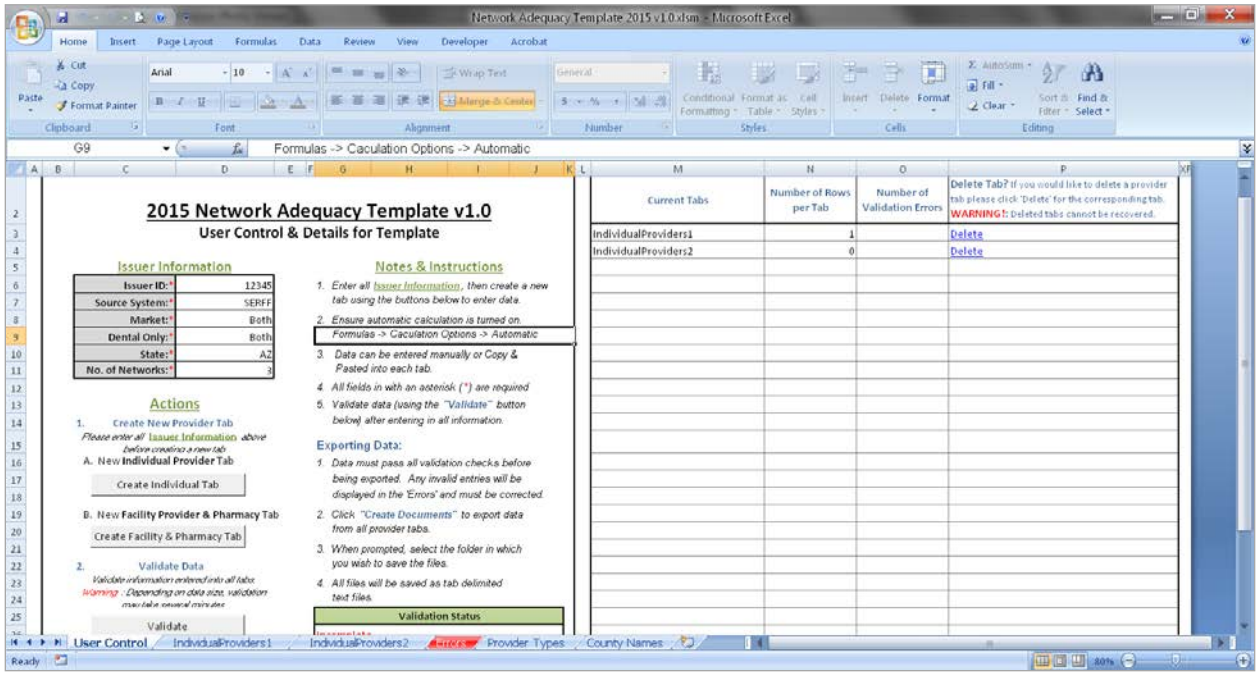
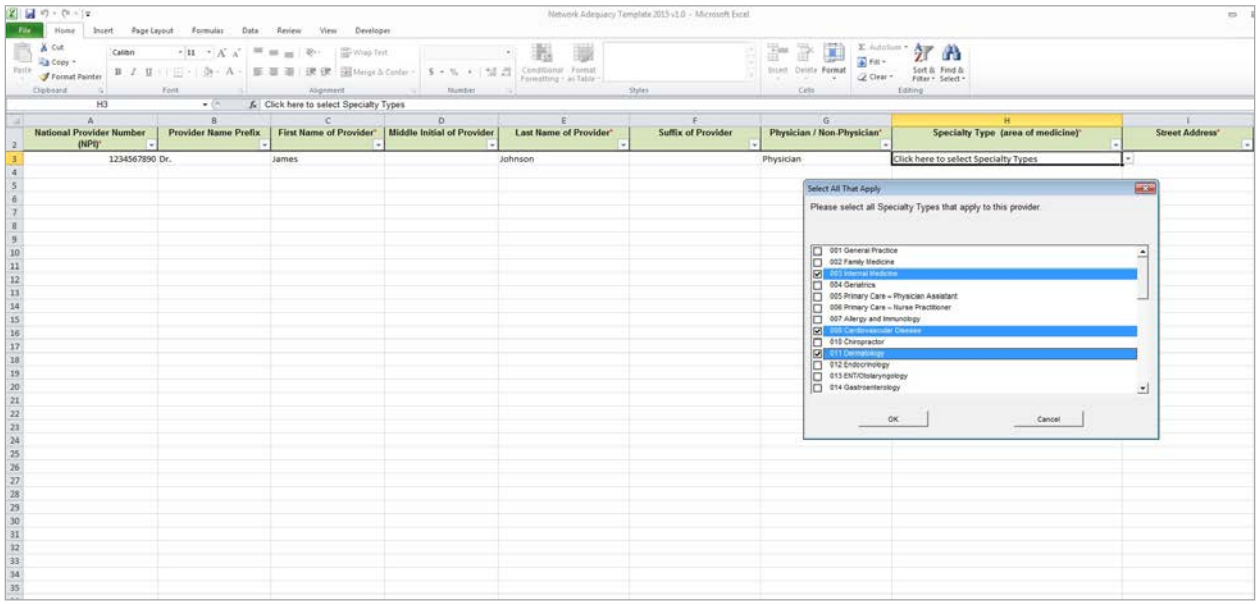


Figure 6-3. Completed Network Adequacy Template—Individual Provider Tab



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 5-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.

Provider Tab

8. Click the **Create Individual 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, user must create a Facility & Pharmacies tab. Instructions for creating the Facility & Pharmacies tab are described on page 6-8.

    b. Each tab can be up to 50Mb in size, roughly 300,000 records, since 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.

    c. 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 does 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 space.

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

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. 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 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 5-digit or 9-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 5-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**.

    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 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 does 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 space.

Facility & Pharmacies Tab

1. Click the **Create Facility & Pharmacy Tab** button on the User Control Tab. This creates one Facilities & Pharmacies tab. Clicking this button more than once creates multiple Facilities & Pharmacies tabs.

   a. Each tab can be up to 50Mb in size, roughly 300,000 records, since HIOS is unable to accept files larger than 50Mb. Issuers with more than 300,000 providers in a Facilities & Pharmacies 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 Facilities & Pharmacies tab data, such as "040 General Acute Care Hospital." If pasted data does not exactly match the facility type format used in the Facilities & Pharmacies tab, you will receive errors when pasting your data. If you would like to enter more than one facility type, each facility type~~s~~ must be separated by a comma and 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. 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 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 5-digit or 9-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 5-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**.

    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 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 does 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 space.

<u>Completing the Network Adequacy Template</u>

12. Click the **Validate** button on the User Control tab. The template identifies any validation errors that require attention. Validation errors are displayed on the Errors tab, showing the tab that produced the error, and the cell location within the tab where the error is located. The cell location contains a hyperlink that when clicked, will take you to the identified error. After all validation errors have been resolved, click **Validate** again. Repeat until all errors are resolved.

13. Click the **Create Documents** button on the User Control tab to create the Network Adequacy document to be uploaded. This function creates the files that you will upload with your QHP Application. The template will create a separate file for each tab created in the template, and will use the following syntax to name each file: ProvDirIND01of0212345VA133D20140414T163753.txt. This file name convention allows CMS to easily identify the network adequacy files within each issuer's submission.

    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.

14. Save the files using your default drive or store the file where you will be able to find it to upload to "Other" in the Benefits & Service Area Module of the QHP Application System. Also, save the Excel template to your hard drive in its original XLSM format so you can retrieve it if you need to modify the template data.

You are now ready to upload your Network Adequacy data to your QHP Application.