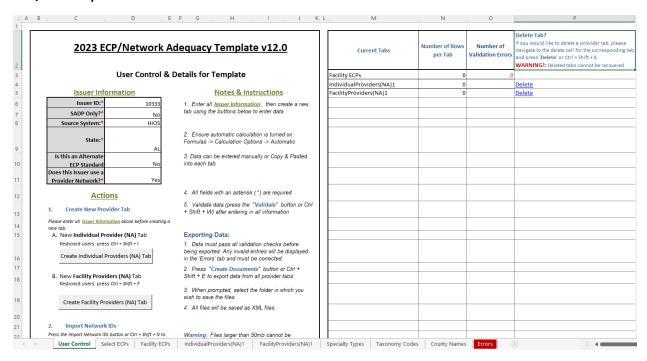
OMB control number: 0938-NEW Expiration Date: XX/XX/20XX

ECP/NA template screenshots

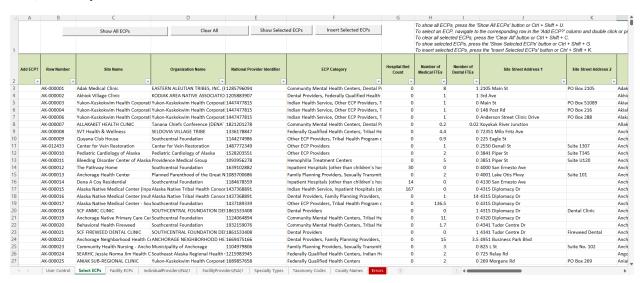
ECP/NA Template - User Control Tab:



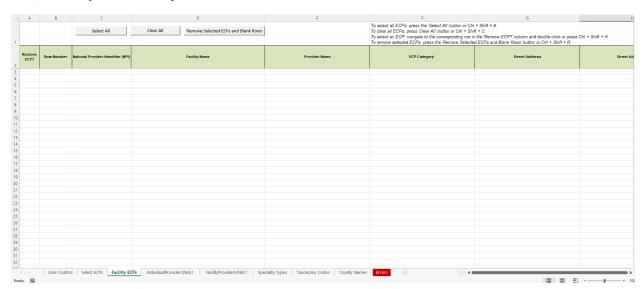
PRA DISCLOSURE:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW, expiration date is XX/XX/20XX. The time required to complete this information collection is estimated to take up to 20 hours per QHP issuer per year and 4 hours per SADP issuer per year, including the time to review instructions, gather the information needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Nikolas Berkobien at Nikolas.Berkobien@cms.hhs.gov.

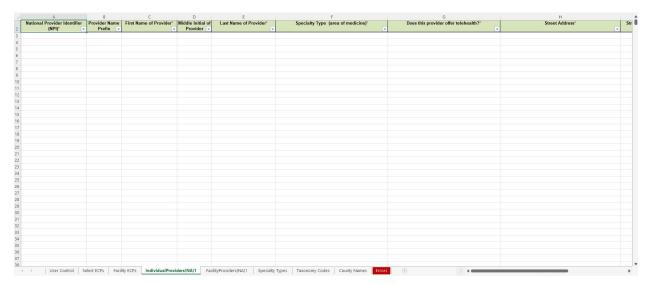
ECP/NA Template – Select ECPs Tab:



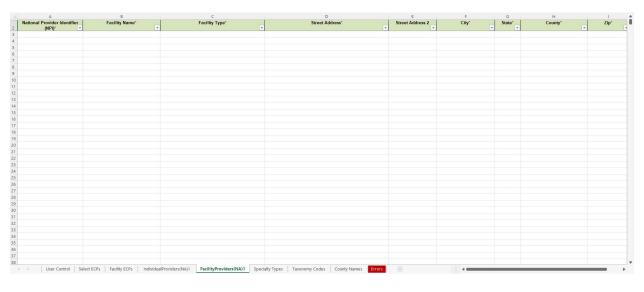
ECP/NA Template – Facility ECPs Tab:



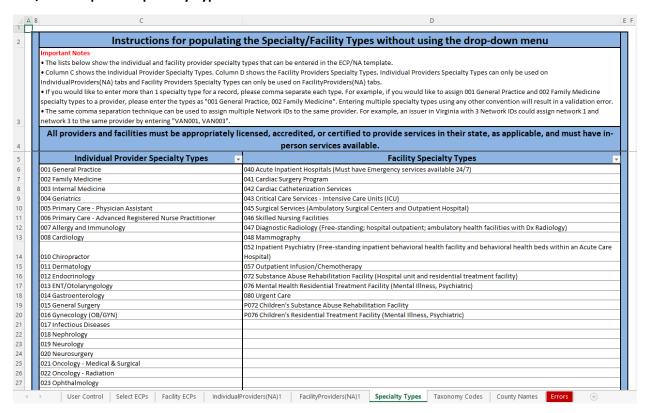
ECP/NA Template – Individual Providers (NA) Tab:



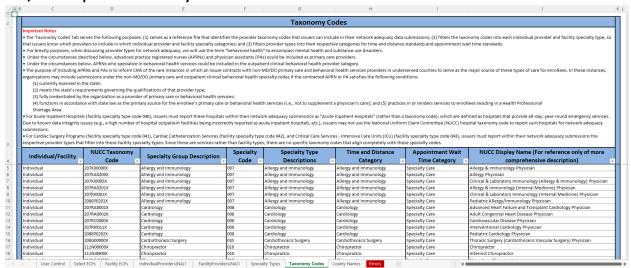
ECP/NA Template – Facility Providers (NA) Tab:



ECP/NA Template - Specialty Types Tab:



ECP/NA Template - Taxonomy Codes Tab:



ECP/NA Template – County Names Tab:

Title list	below shows t	he county names that are used and accepted in the E	CP/	Network Adequacy		
		using the drop-down menus, please ensure that you				
		ifferent version of a county name will result in a valid				
		same as those in the Service Area template. Only incl	ude	the county name in		
the cou	inty field, do no	ot include the FIPS code.				
	State	County Name	_	FIPS Code 🖵		
AK		Aleutians East		02013		
AK		Aleutians West		02016		
AK		Anchorage		02020		
AK		Bethel		02050		
AK		Bristol Bay		02060		
AK		Chugach		02063		
AK		Copper River		02066		
AK		Denali		02068		
AK		Dillingham		02070		
AK		Fairbanks North Star		02090		
AK		Haines		02100		
AK		Hoonah Angoon		02105		
AK		Juneau		02110		
AK		Kenai Peninsula		02122		
AK		Ketchikan Gateway		02130		
AK		Kodiak Island		02150		
AK		Kusilvak		02158		
AK		Lake And Peninsula		02164		
AK		Matanuska Susitna		02170		
AK		Nome		02180		
AK		North Slope		02185		
AK		Northwest Arctic		02188		
AK		Petersburg		02195		
AK		Prince Of Wales Hyder		02198		
AK		Sitka		02220		
		Skagway		02230		
AK AK		Southeast Fairbanks		02240		

ECP/NA Template - Errors Tab:

	rtant Note: If one or more r lation on the 'User Control		data is reorganized, cell hyperlin occurs.	ks in that tab may no longer b	e accurate. Please re-	run the data	
	Tab	Cell	Valid	lation Error Message			
1							
3							
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3							
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5							
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