

Issuer Module Mockup Screenshots

ECP / Network Adequacy

 [Instructions and Reference Materials \(PDF\)](#)
[1.68 MB]

- [Summary](#)
- [Program Attestations](#)
- [Accreditation](#)
- [ECP/Network Adequacy](#)
- [Review](#)

[Data Submitter](#) [Final Submission](#)

Fields marked with an asterisk (*) are required.
 Instructions: The ECP/Network Adequacy section of the HIOS Issuer Module contains six questions (the numbering corresponds to the HIOS screens). You must respond to all attestations in the Issuer Module.

Essential Community Providers

* 1. Does the applicant meet the percentage threshold requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.230 (as described in the annual Letter to Issuers)?

To meet the percentage threshold requirement of the General ECP Standard, the applicant has satisfied the following requirement:

- Contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network.^a

To meet the percentage threshold requirement of the Alternate ECP Standard, the applicant has satisfied the following requirement:

- Contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network with providers located within health professional shortage areas (HPSAs) or ZIP Codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level.^a

Yes No

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.

* 2. Does the applicant meet the ECP category per county requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.230 (as described in the annual Letter to Issuers)?

To meet the ECP category per county requirement of the General ECP Standard, the applicant has satisfied the following requirement:

- Offered contracts in good faith to at least one ECP in each ECP category in each county in the service area to participate in the plan's provider network for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).^a

To meet the ECP category per county requirement of the Alternate ECP Standard, the applicant has satisfied the following requirement:

- Offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area to participate in the plan's provider network as outlined in the General ECP Standard or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system in each ECP category in each county in the plan's service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).

Yes No

* 3. Does the applicant meet the Indian health care provider requirement of the General ECP Standard under 45 CFR 156.230 (as described in the annual Letter to Issuers)?

To meet the Indian health care provider requirement of the General ECP Standard, the applicant has satisfied the following requirement:

- Offered contracts in good faith to all available Indian health care providers in the plan's service area to participate in the plan's provider network for the respective QHP certification plan year.^a

Issuers that qualify to submit under the Alternate ECP Standard are exempt from the Indian health care provider ECP requirement.

Yes No

^a For plans that use tiered networks, ECPs must be contracted within the network tier that results in the lowest cost-sharing obligation to count toward the issuer's satisfaction of each element of the ECP standard. For example, a QHP issuer cannot use the number of ECPs contracted with their PPO network to certify their HMO network if using the PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only preferred providers would be counted toward ECP standards.

Instructions for Essential Community Provider Questions:

Answer **Yes** for each of the ECP requirements listed above that you meet.

Answer **No** for any of the ECP requirements listed above that you do not meet. All issuers are required to run the applicable ECP Tool (i.e., the ECP medical QHP Tool or the ECP SADP Tool). The ECP Tool results will identify any deficiencies and generate a partially pre-populated ECP justification form that you must complete and submit via the PM Community by the required deadline.

Note: If you initially respond **No** to any of these attestation questions but subsequently complete corrective action to meet the ECP requirements listed above, you must resubmit this ECP attestation section to reflect that you now meet the ECP requirements.

Network Adequacy

* 4. Does the applicant meet all the Network Adequacy requirements established under 45 CFR 156.230, including: maintaining a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay in accordance with 45 CFR 156.230(a)(2) by satisfying all of the time and distance requirements set forth within the Letter to Issuers?

To meet the time and distance requirements of the Network Adequacy standard, the applicant has:

- Met the time and distance standards within each plan's service area with respect to providers^a participating in the plan's provider network^b, as set forth in the annual Letter to Issuers for the respective QHP certification plan year.

Yes No

* 5. Does the applicant meet all the Network Adequacy requirements established under 45 CFR 156.230, including: maintaining a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay in accordance with 45 CFR 156.230(a)(2) by satisfying all of the appointment wait time requirements set forth within the Letter to Issuers?

To meet the appointment wait time requirements of the Network Adequacy standard, the applicant has:

- Ensured that providers^a meet the appointment wait time standards^c within each plan's service area with respect to providers participating in the plan's provider network^b, as set forth in the annual Letter to Issuers for the respective QHP certification plan year.

Yes No

^aTo count toward meeting network adequacy standards, providers must be appropriately licensed, accredited, or certified to practice in their state, as applicable, and must have in-person services available.

^bFor plans that use tiered networks, providers must be contracted within the network tier that results in the lowest cost-sharing obligation to count toward the issuer's satisfaction of network adequacy standards. For example, a QHP issuer cannot use the number of providers contracted with their PPO network to certify their HMO network if using the PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only preferred providers would be counted toward network adequacy standards.

^cAppointment wait time standards apply to medical QHPs. For SADPs, only the dental provider specialty within the Specialty Care (Non-Urgent) appointment wait time category applies.

Instructions for Network Adequacy Questions:

Answer **Yes** for each of the Network Adequacy requirements listed above that you meet.

Answer **No** for any of the Network Adequacy requirements listed above that you do not meet. When determining how to respond to the appointment wait time standard attestation, consider all in-network providers that fall within the provider specialty list displayed in the ECP/NA template and Letter to Issuers. If you do not have enough information available to attest Yes to meeting the appointment wait time standards, you should attest No. If you answer **No** to the appointment wait time standards and/or if CMS determines that you have not satisfied one or more of the time and distance standards, you will be required to complete and submit a Network Adequacy Justification in the required Excel format. CMS will generate a partially pre-populated Network Adequacy Justification and provide to you via the PM Community.

* 6. Does the applicant use a provider network (and is therefore required to submit an ECP/Network Adequacy Template)?

Answer **Yes** if you use a provider network and are therefore required to upload an ECP/Network Adequacy Template.

Answer **No** if you do not use a provider network and are therefore unable to complete and upload an ECP/Network Adequacy Template.

Yes No

ECP/Network Adequacy Files Upload

To upload the ECP / Network Adequacy zip file, click on Browse File and select the file you want to upload and click the Upload button to submit the file.

- The template will allow the applicant to identify each provider network it intends to utilize for its QHPs and to select each ECP with which it has executed a contract in each network.
- The applicant may also write in additional ECPs if these ECPs do not appear on the HHS list of ECPs and meet the definition of an ECP as set forth in 155 CFR 156.235(c) and the ECP write-in criteria referenced in the Letter to Issuers in the Federally-Facilitated Exchange.
- The applicant should identify any network that is different for its individual and small group market as a separate network.



Info: Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

Download Template

 [ECP/Network Adequacy Template.xlsx \(undefined\)](#)

Upload File(s)

Upload ECP/Network Adequacy File:

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Uploaded File(s)

Update Status

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Document Type	File Name	File Description	Upload Date	Actions
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