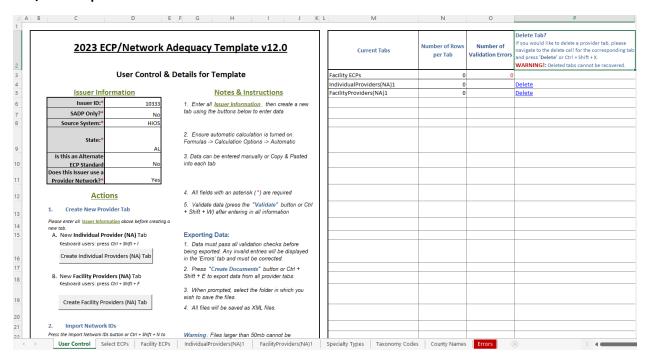
OMB control number: 0938-NEW Expiration Date: XX/XX/20XX

ECP/NA template screenshots

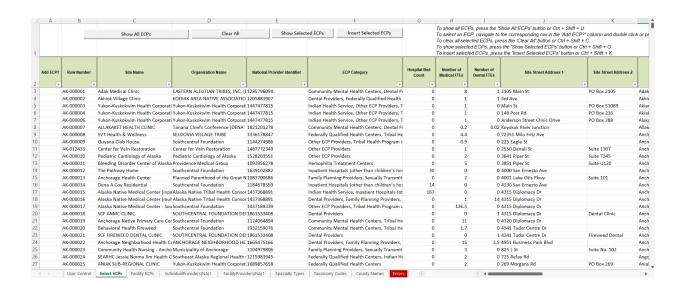
ECP/NA Template - User Control Tab:



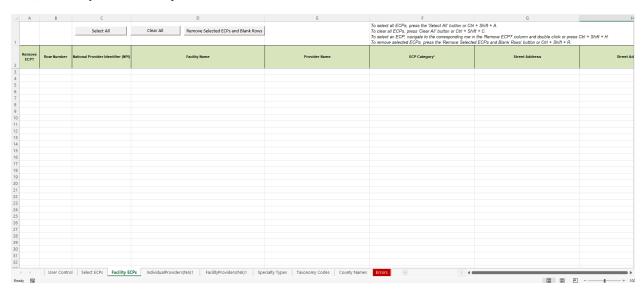
PRA DISCLOSURE:

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.

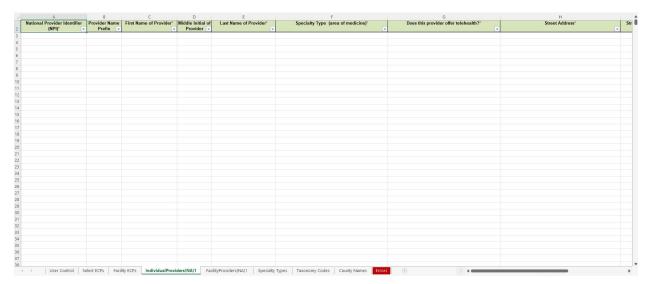
ECP/NA Template - Select ECPs Tab:



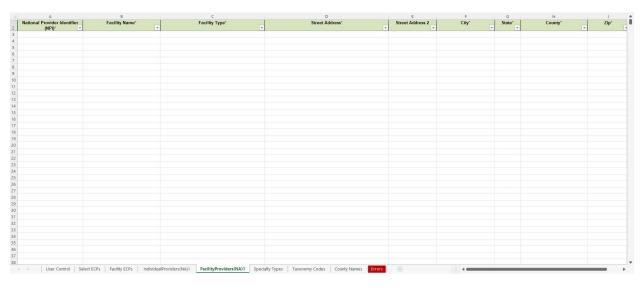
ECP/NA Template – Facility ECPs Tab:



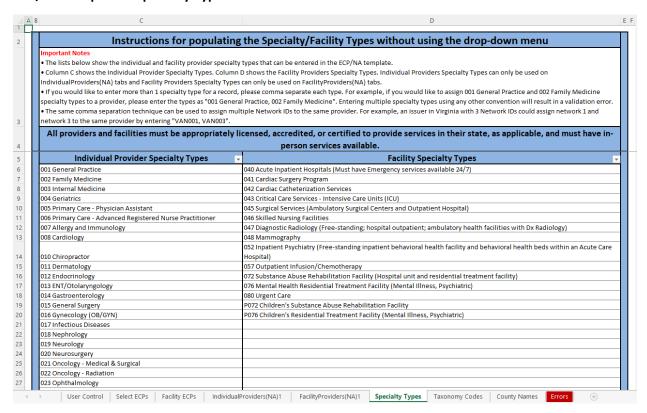
ECP/NA Template – Individual Providers (NA) Tab:



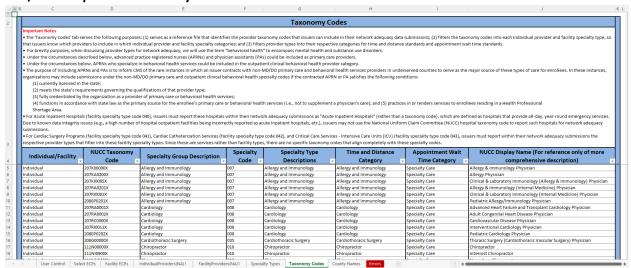
ECP/NA Template – Facility Providers (NA) Tab:



ECP/NA Template - Specialty Types Tab:



ECP/NA Template - Taxonomy Codes Tab:



ECP/NA Template – County Names Tab:

The list	below shows t	es used in the ECP/Network Ado the county names that are used and accepted in the			11			
		using the drop-down menus, please ensure that	•					
		ifferent version of a county name will result in a v						
		same as those in the Service Area template. Only i	include	the county name in				
the cou	nty 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:

	ation on the 'User Control		data is reorganized, cell hyperlin occurs.	ts in that tab may no longer b	e accurate. Please re-	run the data	
	Tab	Cell	Valid	ation Error Message			
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