

### ECP/NA Issuer Module Mockup Screenshots

## ECP/NA

<b>Application</b> 10333AK-2024-01	<b>Plan Year</b> 2024	<b>Issuer</b> 10333 - AK - Aetna Life Alaska	<b>Product Offering</b> QHP & SADP	<b>Market Coverage Type</b> Individual & SHOP
---------------------------------------	--------------------------	---	---------------------------------------	--

[← Return to Application Overview](#)

ECP/NA Introduction

**ECP/NA**

**About the ECP/NA Template and Write-in Worksheet**

- The ECP/NA template will allow the applicant to identify each provider network it intends to utilize for its QHPs, enter providers within the required network adequacy fields to satisfy NA standards, and select each ECP with which it has executed a contract in each network.
- The ECP Write-in Worksheet allows the applicant to write in additional ECPs if they appear on the "Available ECP Write-in List" found within the ECP Write-in Worksheet.
- The applicant should identify any network that is different for its individual and small group market as a separate network.
- ECP and Network Adequacy Justifications must be submitted via the PM Community, rather than uploaded through the MPMS.

**Documents Attached**

For any template type documents, navigate to the Workspace to upload and resolve errors.

Document Type	File Name	Validation Status	Linked By	Action
ECP/NA	—	—	—	<a href="#">Open Workspace</a>
Network ID	—	—	—	<a href="#">Open Workspace</a>

**Supporting Documents**

[Add Document](#)

---

[Back](#)
[Save](#)
[Save and Complete](#)

**Figure 8-11. ECP/NA Documents**

**PRA DISCLOSURE:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of 0938-1415, expiration date is XX/XX/20XX. The time required to complete this information collection is estimated to take up to 249,410 hours annually for all QHP and Stand-alone Dental issuers, 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 Elizabeth Hechtman at [Elizabeth.Hechtman@cms.hhs.gov](mailto:Elizabeth.Hechtman@cms.hhs.gov).

### 8.3 Program Attestations Section

The Program Attestations section is required for all QHP Applications, and dynamically adjusts based on the Product Offerings of the application being submitted.

**Note:** This section will not display for SERFF issuers.

#### 8.3.1 Responding to Program Attestations

Table 8-3 below provides the logic used to determine what Program Attestations display to the user based on the Product Offering.

Table 8-3. Program Attestation Display Logic

Product Offering	Attestations Displayed
QHP & SADP	QHP & SADP Attestation QHP Attestation SADP Attestation
QHP	QHP & SADP Attestation QHP Attestation
SADP	QHP & SADP Attestation SADP Attestation

Within the Attestation sections, the user must agree to the statement listed by selecting the check box. See Figure 8-8. Selecting the ‘Save and Complete’ button returns the user to Application Overview.

**Program Attestations**

Application: 10333TX-2024-02 | Plan Year: 2024 | Issuer: 10333 - TX | Product Offering: QHPs Only | Market Coverage Type: SHOP Only

[Return to Application Overview](#)

Program Attestations Introduction

QHP & SADP Attestation

**QHP Attestation**

**2. Applicant agrees to adhere to all applicable requirements in 45 CFR Parts 146, 147, 155, and 156.**

This attestation applies to all QHPs that an issuer is submitting for certification for the next plan year. All issuers who wish to offer certified QHPs on the FFEs are required to agree to the above attestation.

I agree the issuer will comply with the above statement.

[Back](#) [Save](#) [Save and Complete](#)

Figure 8-8. QHP Attestation

## 8.5 Essential Community Providers/Network Adequacy Section

The Essential Community Providers/Network Adequacy (ECP/NA) Section is required as part of all QHP Applications, and requires the user to respond to attestations, as well as link relevant QHP templates XML to the application. An introduction is provided for the user, as well as instructions for completing the section. See *Figure 8-10*.

**Note:** This section will not be editable by SERFF issuers.

**ECP/NA**

Application	Plan Year	Issuer	Product Offering	Market Coverage Type
10333AK-2024-01	2024	10333 - AK - Aetna Life Alaska	QHP & SADP	Individual & SHOP

[← Return to Application Overview](#)

**ECP/NA Introduction**

ECP/NA

**Essential Community Providers/Network Adequacy**

Attestations pertaining to ECP/NA requirements outlined in 45 CFR 156.230 and 156.235 appear in the Program Attestations section of the Marketplace Plan Management System (MPMS).

**Instructions:** Applicants must respond to the ECP/NA attestations within the Program Attestations section of the MPMS in order to complete an issuer application and participate in the FFE.

[Next](#)

**Figure 8-10. ECP/NA Introduction**

Upon selecting the 'Next' button, the user is directed to the ECP/NA tab. See *Figure 8-11*. The user may select the drop-down instructions for additional information. The user may link required templates XML and upload additional documents in this section. Selecting the 'Save and Complete' button redirects the user to Application Overview, and the ECP/NA Section displays as Completed.