

Issuer Module Overview: Attestations, Accreditation, Licensure & Good Standing and Compliance Plans

April 29, 2020

**Qualified Health Plan (QHP)
Annual Issuer Conference**

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Issuer Module Overview: Attestations, Accreditation, Licensure & Good Standing and Compliance Plans

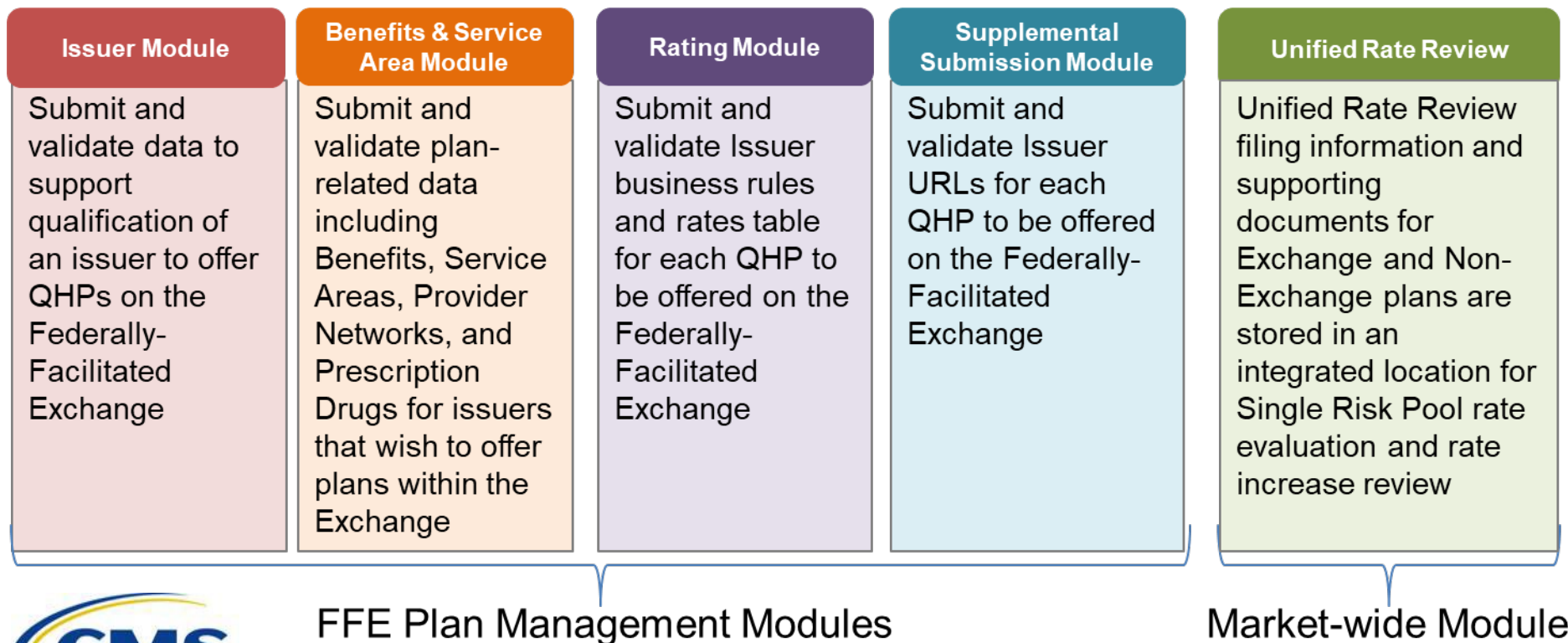
Introduction

The purpose of this presentation is to provide a high level overview of the **Issuer Module**.

- **Objectives:**
 - Refresh understanding of the Issuer Module and corresponding templates
- **Intended Audience:**
 - Experienced issuers using the Issuer Module from last year
 - New Issuers interested in a high level discussion of the Issuer Module

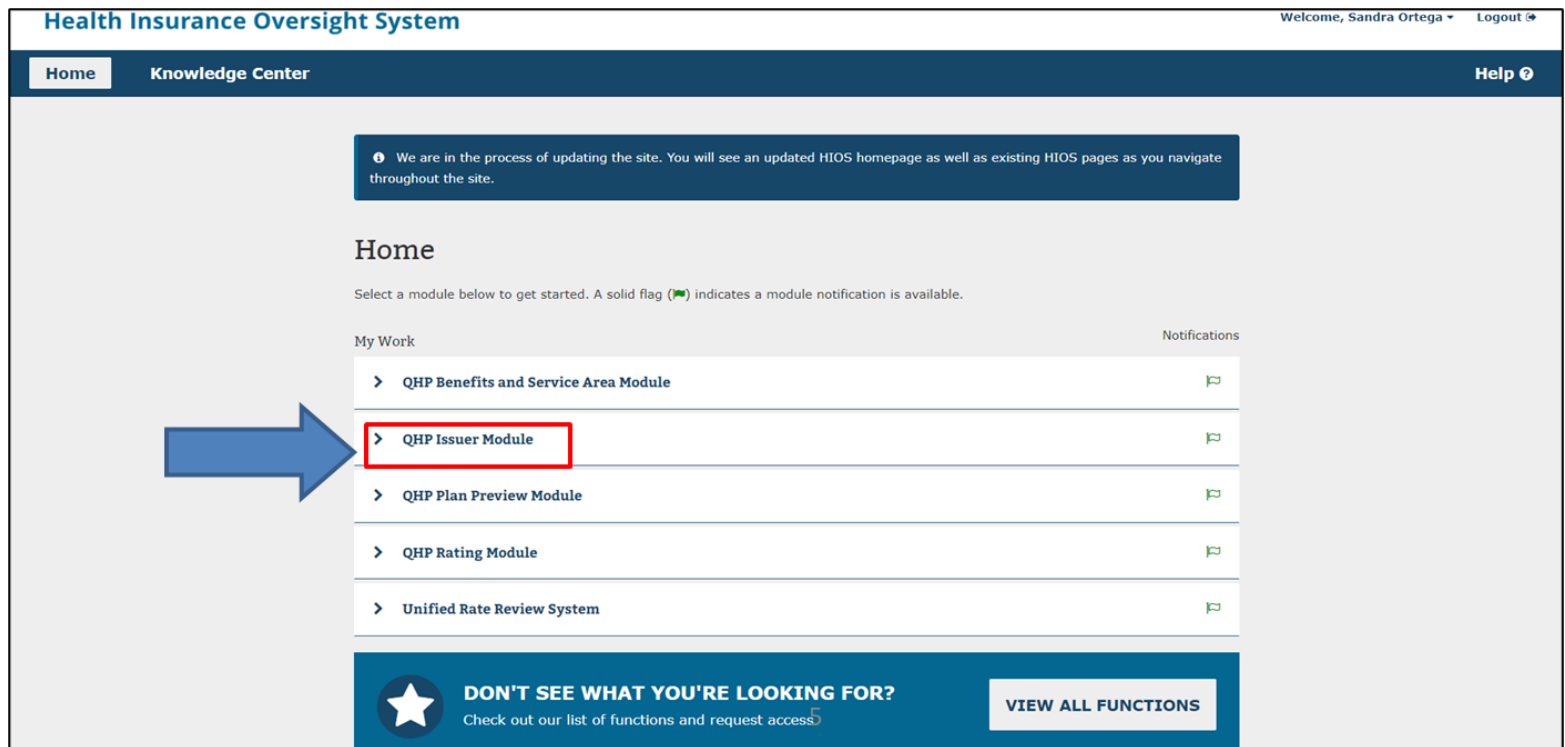
Plan Management Overview

There are five (5) Federally-facilitated Exchanges (FFE) Plan Management and Market-wide data collection modules.



Plan Management Overview (continued)

The QHP Plan Management Modules can be accessed within Health Insurance Oversight System (HIOS).



The screenshot shows the Health Insurance Oversight System (HIOS) Knowledge Center homepage. At the top, there is a navigation bar with 'Home' and 'Knowledge Center' tabs, and a 'Help' icon. A welcome message for Sandra Ortega and a 'Logout' link are in the top right. A notification banner states: 'We are in the process of updating the site. You will see an updated HIOS homepage as well as existing HIOS pages as you navigate throughout the site.'

The main content area is titled 'Home' and includes instructions: 'Select a module below to get started. A solid flag (P) indicates a module notification is available.'

Under the 'My Work' section, there is a list of modules:

- > QHP Benefits and Service Area Module (P)
- > **QHP Issuer Module** (P)
- > QHP Plan Preview Module (P)
- > QHP Rating Module (P)
- > Unified Rate Review System (P)

A large blue arrow points to the 'QHP Issuer Module' entry, which is highlighted with a red rectangular box. At the bottom, there is a section titled 'DON'T SEE WHAT YOU'RE LOOKING FOR?' with a star icon and a 'VIEW ALL FUNCTIONS' button.

Issuer Module Overview

Issuers will begin the Issuer Module at the Summary page.

Issuer Application

Welcome to the Issuer Application. This application module will allow you to submit an Issuer Application for QHP Certification to participate in a single State. This module will take you through a series of pages where you will be asked to enter specific information about your company and the plans you wish to offer as Qualified Health Plans (QHPs). From this summary page you can resume an existing Issuer Application that was previously saved, or you can start a new Issuer Application.

Please note that in order to be certified as a QHP Issuer, you must submit a completed Issuer Application by the specified deadline. An Issuer Application must be submitted for each State for which your company seeks QHP Certification. You will only be able to submit an Issuer Application for an Issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, please contact the Exchange Operation Support Desk at 1-855-267-1515.

Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter

Resume an Existing Application

Select Existing Application

Fields marked with an asterisk (*) are required.

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company		Pending Submission	<button>Resume</button>

Showing 1 to 1 of 1 entries

Begin Working on an Issuer Application

Start Issuer Application

Start a New Issuer Application

Issuer Module Overview (continued)

Issuers will select to either resume an existing application by selecting Resume or start a new application by selecting Start a New Issuer Application.

Data Submitter

Resume an Existing Application

Select Existing Application

Fields marked with an asterisk (*) are required.

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company	01/25/2017 9:26:47 PM	Returned for Changes	<button>Resume</button>

Showing 1 to 1 of 1 entries

Begin Working on an Issuer Application

Start Issuer Application

Start a New Issuer Application

Using the Issuer Module: Data Submitter Tasks

Data Submitter Tasks

After the Issuer Submitter makes a selection, as shown on the previous slide, the users will provide responses for each of the program attestations found in the Program Attestations section.

Program Attestations

The Issuer Module requires applicants to attest to their adherence to regulations set forth in 45 CFR Parts 146, 147, 153, 155, and 156, as applicable, for all applicants submitting Medical QHP, SADP, and/or dual QHP/SADP issuer applications. These attestations apply to all applicants seeking to participate in the FFE, as well as downstream vendors and contractors of the Issuer or Company.

[Instructions and Reference Material \(PDF\)
\[3.21 MB\]](#)

Summary

Program Attestations

State Licensure

Good Standing

Accreditation

ECP/Network Adequacy

Review

Data Submitter

Final Submission

Applicants must answer the following four attestation sections. Issuers who answer "Yes" to the QHP and SADP Attestations must also submit an Organizational Chart. Issuers who answer "Yes" to the Optional Attestations must also submit a Compliance Plan. Otherwise, Issuers who answer "No" to the Optional Attestations must upload a justification document that can be found on the CCIO QHP webpage. Fields marked with an asterisk (*) are required.

Attestations required of both Medical QHP and SADP issuers

Show

Attestations required of Medical QHP issuers only

Show

Attestations required of SADP issuers only

Show

Optional Attestations

The following attestation is optional. CMS strongly encourages all applicants, including those submitting only medical QHPs, only SADPs, or both to respond "Yes" and upload a compliance plan and the compliance plan cover sheet in the Issuer Module. Applicants may also respond "No" and submit a justification below.

Applicant is submitting a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. The applicant agrees to submit in advance any changes to the compliance plan to HHS for review. Applicant will upload a copy of the applicant's compliance plan.

If Yes, submit the Compliance Plan and Cover Sheet below and select "Compliance Plan" as the document type.

If No, submit the justification form below and select "Other" as the document type. The Compliance Plan may still be uploaded.

* Do you agree with the Optional Attestations statement above?

☒ Yes ☐ No



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Data Submitter Tasks (continued)

Depending on attestation response, users may be required to upload supporting documentation.

*** Do you agree with the QHP and SADP Attestations statement above?**

☐ Yes ☒ No

Upload File(s)

***Document Type:** ▼

***Upload File(s):** No file chosen

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Data Submitter Tasks (continued)

Users will proceed to answer the State Licensure question. **This section is optional** and not required in order to submit the Issuer Module.

If a user selects **No**, a second question will appear. If a user selects **Yes**, users may provide one of the following:

- State License
- Certificate of Authority
- Equivalent document

State Licensure (optional)

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

Instructions and Reference Material (PDF)
[3.21 MB]

Summary

Program Attestations

State Licensure

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Final Submission

1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

☒ Yes ☐ No

Upload File(s)

Document Type

Upload File(s):

Select document type...

Choose File

No file chosen

Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Save

Submit Section

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Next

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Data Submitter Tasks (continued)

Users will proceed to answer the Good Standing questions. **This section is optional** and not required in order to submit the Issuer Module.

If a user selects **Yes** for the first question, users may enter a Justification and may provide one of the following:

- Solvency Compliance
- Equivalent document

If a user selects **Yes** for the second question, users may provide one of the following:

- Corrective Action
- Equivalent document



Good Standing (optional)

Each issuer applying to offer QHPs in a given State may demonstrate that it is in good standing in the State. This section of the Issuer Application asks a series of questions and requires supplemental documentation supporting the answers to the questions. CMS will work with State insurance departments to verify compliance with this standard for each State in which the applicant seeks certification of QHPs.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

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[Program Attestations](#)
[State Licensure](#)
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1. Is the applicant seeking QHP certification for this State currently out of compliance with any applicable State solvency requirements for the calendar year in which it is applying to offer QHPs?

If Yes, please upload supporting documentation associated with State solvency compliance and provide a justification.

☒ Yes ☐ No

Upload File(s)

Document Type

Select document type...

Upload File(s):

Choose File

No file chosen

Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Justification:

2. Is the applicant currently under any corrective action related to financial review?

If Yes, provide a justification and upload supporting documentation providing evidence of current State corrective actions.

☐ Yes ☐ No

Save

Submit Section

Previous

Next

Data Submitter Tasks (continued)

Users next must complete the Accreditation section and upload applicable supporting documents.

After answering the first question, users may provide supporting documentation and must agree to the Terms and Conditions. If the first question is answered **Yes**, the second question regarding the accrediting entity will appear.



Accreditation

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Instructions and Reference Material (PDF)
[3.21 MB]

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?

☒ Yes ☐ No

* Which accrediting entity? Please select from the list below.

☒ NCQA

☐ URAC

☐ NCQA & URAC

Upload File(s)

Document Type
Select document type ▼

Upload File(s):
 No file chosen

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
The applicant has not uploaded any files.			

Terms and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).

☐ * I agree to the terms and conditions.

Data Submitter Tasks (continued)

Users next must complete the Essential Community Provider (ECP)/Network Adequacy section. If a user selects **Yes** for question 2, an ECP/Network Adequacy zip file is required. Note the zip file must reach a validation status of 'Complete' before submitting the section or application.

ECP / Network Adequacy

All QH* issuers applying for QH* certification must meet network adequacy standards, and if required (issuers in NA classification states) submit detailed network data in the required ECP / Network Adequacy template.

In addition, QH* provider networks must include a sufficient number and geographic distribution of Essential Community Providers (ECPs), where such providers are available, to ensure reasonable and timely access to a broad range of ECPs for low-income and medically underserved individuals in the QH* service area. More detailed information on the ECP standard and how to complete this portion of the application are included in the template and the Instructions.

This section of the Issuer Module collects basic information on network providers, including contracted ECPs. HMS will evaluate these data to determine whether the applicant's provider networks are adequate, including with respect to inclusion of ECPs.

Instructions and Reference Material (PDF)
[3.21 N/A]

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Fields marked with an asterisk (*) are required.
Instructions: Respond YES or NO to each of the following statements.

Essential Community Providers

* 1. Does the applicant meet the General ECP Standard or the Alternative ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; (2) offered contracts in good faith to all available health care providers in the plan's service area for the respective QH* certification prior year; and (3) offered contracts in good faith to at least one ECP in each ECP category in the service area for the respective QH* certification prior year, where an ECP in that category is available (not applicable to SAMP applicants). In order to meet the Alternative ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; and (2) 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 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 per ECP category in each county in the plan's service area (not applicable to SAMP applicants).

Upload an ECP supplemental response justification if you respond No to this question.
☐ Yes ☐ No

Network Adequacy

* 2. Does the applicant use a provider network?
Upload an ECP/NA template if you respond Yes to this question.
☐ 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 QH* and to select each ECP with which it has executed a contract in each network.
- The applicant may also enter in additional ECPs if these ECPs do not appear on the HMS list of ECPs and meet the definition of an ECP as set forth in 45 CFR 156.233(c) and the ECP definition 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.

Download Template
Upload ECP/Network Adequacy File:
Choose File No file chosen Upload

Uploaded File(s)
Update Status

File Name	Uploaded Date	Status
The applicant has not uploaded any files.		

Using the Issuer Module: Validator Tasks

Data Validator Tasks

The Issuer Application Summary page lists all applications that have been submitted and to be validated by the user.

Issuer Application

Welcome to the Issuer Application. This application module will allow you to submit an Issuer Application for QHP Certification to participate in a single State. This module will take you through a series of pages where you will be asked to enter specific information about your company and the plans you wish to offer as Qualified Health Plans (QHPs). From this summary page you can resume an existing Issuer Application that was previously saved, or you can start a new Issuer Application.

Please note that in order to be certified as a QHP issuer, you must submit a completed Issuer Application by the specified deadline. An Issuer Application must be submitted for each State for which your company seeks QHP Certification. You will only be able to submit an Issuer Application for an issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, please contact the Exchange Operation Support Desk at 1-855-267-1515.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Data Validator

Summary

Validate a Submitted Application

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company	01/25/2017 10:36:43 PM	Submission Completed	Start Validation

Showing 1 to 1 of 1 entries

Data Validator Tasks (continued)

Validators will then need to review the Program Attestations and all provided documentation.



Program Attestations

The Issuer Module requires applicants to attest to their adherence to regulations set forth in 45 CFR Parts 146, 147, 153, 155, and 156, as applicable, for all applicants submitting Medical QHP, SADP, and/or dual QHP/SADP issuer applications. These attestations apply to all applicants seeking to participate in the FFE, as well as downstream vendors and contractors of the Issuer or Company.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Summary

Program Attestations

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Data Validator

Final Submission

Applicants must answer the following four attestation sections. Issuers who answer "Yes" to the QHP and SADP Attestations must also submit an Organizational Chart. Issuers who answer "Yes" to the Optional Attestations must also submit a Compliance Plan. Otherwise, Issuers who answer "No" to the Optional Attestations must upload a justification document that can be found on the CCIIO QHP webpage. Fields marked with an asterisk (*) are required.

Attestations required of both Medical QHP and SADP issuers

Show

Attestations required of Medical QHP issuers only

Show

Attestations required of SADP issuers only

Show

Optional Attestations

The following attestation is optional. CMS strongly encourages all applicants, including those submitting only medical QHPs, only SADPs, or both to respond "Yes" and upload a compliance plan and the compliance plan cover sheet in the Issuer Module. Applicants may also respond "No" and submit a justification below.

Applicant is submitting a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. The applicant agrees to submit in advance any changes to the compliance plan to HHS for review. Applicant will upload a copy of the applicant's compliance plan.

If Yes, submit the Compliance Plan and Cover Sheet below and select "Compliance Plan" as the document type.

If No, submit the justification form below and select "Other" as the document type. The Compliance Plan may still be uploaded.

Do you agree with the Optional Attestations statement above?

☒ Yes ☐ No

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date
Compliance Plan	State_License.docx	02/13/2018 0:00:00 AM

*Do you validate that the information submitted for this section is correct?

☒ Yes ☐ No

Submit Section

Previous

Next

Data Validator Tasks (continued)

The State Licensure page allows validators to review any responses or supporting documentation that were provided by the submitter.

State Licensure (optional)

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

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Data Validator[Final Submission](#)

1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

☐ Yes ☐ No

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date
You have not uploaded any documents		

Do you validate that the information submitted for this section is correct?

☐ Yes ☐ No

[Submit Section](#)[Previous](#)[Next](#)

[Instructions and Reference Material \(PDF\)](#)
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Data Validator Tasks (continued)

The Accreditation section allows validators to review the accreditation question responses and supporting documents provided by the submitter.

The screenshot shows the 'Accreditation' section of the CMS Data Validator. On the left is a sidebar with navigation links: Summary, Program Attestations, State Licensure, Good Standing, Accreditation (highlighted), ECP/Network Adequacy, and Review. The main content area has two tabs: 'Data Validator' (active) and 'Final Submission'. A link for 'Instructions and Reference Material (PDF) [3.21 MB]' is in the top right. The 'Data Validator' tab contains several sections: 1. A note that fields marked with a red asterisk (*) are required. 2. A question: 'Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?' with radio buttons for 'Yes' (selected) and 'No'. 3. A question: 'Which accrediting entity? Please select from the list below.' with radio buttons for 'NCQA' (selected), 'URAC', and 'NCQA & URAC'. 4. An 'Uploaded Supplementary Documentation' section with a table header: 'Document Type', 'File Name', and 'Upload Date'. 5. A 'Terms and Conditions' section with the text: 'The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).' and a checked checkbox for 'I agree to the terms and conditions.'. 6. A question: '* Do you validate that the information submitted for this section is correct?' with radio buttons for 'Yes' (selected) and 'No'. At the bottom are 'Submit Section', 'Previous', and 'Next' buttons.

Data Validator Tasks (continued)

The ECP / Network Adequacy section allows validators to review any required templates or supporting documentation provided by the submitter.

ECP / Network Adequacy

Instructions and Reference Material (PDF)
[3.21 MB]

Summary

Program Attestations ☒

State Licensure

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Final Submission

Fields marked with an asterisk (*) are required.

1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; 2) offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QHP certification plan year; and 3) offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; and (2) 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 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 per ECP category in each county in the plan's service area (not applicable to SADP applicants).

Upload an ECP supplemental response justification if you respond No to this question.

☐ Yes ☒ No

2. Does the applicant use a provider network?

Upload an ECP/NA template if you respond Yes to this question.

☒ Yes ☐ No

Uploaded Documentation

Document Type	File Name	Upload Date
ECP/Network Adequacy Template File	ECP-NA-20180215T113840.xlsm	02/15/2018 0:00:00 AM

* Do you validate that the information submitted for this section is correct?

☐ Yes ☒ No

Submit Section

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Next

System Requirements

The supported system requirements for the Modules are as follows:

Browser Requirements

- Internet Explorer 11
- Firefox 68.0

Excel Requirements

- Microsoft 2013
- Microsoft 2016
- Microsoft 2019

Program Attestations

Program Attestations Format

- The format for the following section attestations remains the same:
 - ❖ QHP and Stand-alone Dental Plans (SADP) Attestations
 - ❖ Medical QHP-only Attestations
 - ❖ SADP-only Attestations
 - ❖ Optional Attestations
- Medical QHP-only should respond “Not Applicable (NA)” to the SADP-only program attestations.
- SADP-only issuers should respond “Not Applicable (NA)” to the Medical QHP-only program attestations.
- All issuers are encouraged to respond “Yes” to the optional compliance plan attestation and upload a completed Compliance Plan and Organizational Chart Cover Sheet.

Accreditation

Accreditation - General information

- Accreditation is a requirement for issuers in all Exchange types.
 - Issuers in State Partnership Exchanges (SPEs), State Based Exchanges - Federal Platform (SBE-FPs) and State-based Exchanges (SBEs) should ask their respective state about state requirements for accreditation reviews.
 - Issuers should review the Letter to Issuers for specific requirements based on the number of years they have participated on the Exchange
- Accreditation requirements do not apply to SADPs

Accreditation for New Issuers

- If an issuer is entering its initial year of QHP certification, it must schedule (or plan to schedule) a review with a recognized accrediting entity (i.e., AAAHC, NCQA, or URAC).
- An issuer is not required to be accredited in its initial year of QHP certification.

Accreditation for Second Year or later Issuers

- QHP issuers in their second or later year of certification must be accredited.
- CMS will consider issuers in their first, second or third year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with “Excellent,” “Commendable,” “Accredited,” “Provisional,” or “Interim” status
 - URAC with “Full,” “Provisional,” or “Conditional” status
- CMS will consider issuers in their fourth year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with Marketplace accreditation and “Excellent,” “Commendable,” “Accredited,” or “Provisional,” status
 - URAC with Marketplace accreditation and “Full” or “Conditional” status

Accreditation Submission Requirements

- HIOS QHP Issuers must:
 - Identify that they are accredited
 - Identify their accrediting entities
- All Issuers must agree to release their accreditation information
 - HIOS Issuers agree in QHP Issuer Module
 - System for Electronic Rate and Form Filing (SERFF) Issuers agree as part of attestation document

Data Submitter: Accreditation Page (Part 1)

Accreditation

Summary

Program Attestations

State Licensure

Good Standing

Accreditation ✓

ECP/Network Adequacy ✓

Review

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Final Submission

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?

☒ Yes ☐ No

* Which accrediting entity? Please select from the list below.

☒ NCQA

☐ URAC

☐ NCQA & URAC

 Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter: Accreditation Page (Part 2)

Upload File(s)

Document Type

Accreditation Certificate ▼

Upload File(s):

Choose File

No file chosen

Upload

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
Accreditation Certificate	Sample_doc.pdf	02/27/2018 4:42:52 PM	Delete

Data Submitter: Accreditation Page (Part 3)

Terms and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).

☒ * I agree to the terms and conditions.

Save

Submit Section

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ECP/Network Adequacy

ECP/Network Adequacy Updates

- Applicants are required to respond to two (2) ECP/NA questions, to indicate whether the applicant meets the ECP standard in compliance with 45 CFR 156.235 and whether the applicant uses a provider network. Applicants using a provider network must also upload an ECP/NA template containing the issuer's contracted essential community providers.
- Applicants are not required to submit 'Network Adequacy Access Plan' due to CMS's determination that all states have a sufficient network adequacy review process for Plan Year (PY) 21.

ECP / Network Adequacy

All QH[®] issuers applying for QH[®] certification must meet network adequacy standards, and if required (issuers in NA classification states) submit detailed network data in the required ECP / Network Adequacy template.

In addition, QH[®] provider networks must include a sufficient number and geographic distribution of Essential Community Providers (ECP's), where such providers are available, to ensure reasonable and timely access to a broad range of ECP's for low-income and medically underserved individuals in the QH[®] service area. More detailed information on the ECP standard and how to complete this portion of the application are included in the template and the instructions.

This section of the Issuer Module collects basic information on network providers, including contracted ECP's. HMS will evaluate these data to determine whether the applicant's provider networks are adequate, including with respect to inclusion of ECP's.

[Instructions and Reference Material \(PDF\)](#)
(3.21 MB)

Summary

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Data Submitter

Final Submission

Fields marked with an asterisk (*) are required.

Instructions: Respond YES or NO to each of the following statements.

Essential Community Providers

* 1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECP's in each plan's service area to participate in the plan's provider network, (2) offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QH[®] certification plan year, and (3) offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QH[®] certification plan year, where an ECP in that category is available (not applicable to SACP applicants). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECP's in each plan's service area to participate in the plan's provider network, and (2) 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 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 per ECP category in each county in the plan's service area (not applicable to SACP applicants).

Upload an ECP supplemental response justification if you responded No to this question.

☐ Yes ☒ No

Network Adequacy

* 2. Does the applicant use a provider network?

Upload an ECP/NA template if you responded Yes to this question.

☒ Yes ☐ No

ECP/Network Adequacy Files Upload

ECP/NA Template Version 10.1

The ECP/Network Adequacy Template has been updated to Version 10.1 for PY21. The ECP/Network Adequacy Template gives users the ability to link each provider (ECP or Network Adequacy) with the network with which it is associated.

2021 ECP/Network Adequacy Template v10.1

User Control & Details for Template

Issuer Information

Issuer ID#*	
Source System*	
State*	
Is this an Alternate ECP Standard Issuer?*	No

Notes & Instructions

1. Enter all **Issuer Information** ... then create a new tab using the buttons below to enter data

2. Ensure automatic calculation is turned on. Formulas -> Calculation Options -> Automatic

3. Data can be entered manually or Copy & Pasted into each tab

4. All fields with an asterisk (*) are required

5. Validate data (press the "Validate" button or Ctrl + Shift + V) after entering in all information

Actions

1. Create New Provider Tab

Please enter all **Issuer Information** above before creating a new tab.

A. New Individual Provider (MD/DO) Tab

Keyboard users: press Ctrl + Shift + I

Create Individual (MD/DO) Tab

B. New Facility, Pharmacy, Non-MD/DO Tab

Keyboard users: press Ctrl + Shift + F

Create Facility, Pharmacy, Non-MD/DO Tab

2. Import Network IDs

Press the Import Network IDs button or Ctrl + Shift + M to import a list from the Network ID Template.

Warning : this step is required in order to complete

Import Network IDs

3. Validate Data

Validate information entered into all tabs. Warning: Depending on data size, validation may take several minutes.

Validate

4. Create Supporting Documents

Perform data validation & export data to XML file

Create Documents

5. Delete an Existing Tab?

Refer to Column F on this tab if you would like to delete an existing tab.

Exporting Data:

1. Data must pass all validation checks before being exported. Any invalid entries will be displayed in the "Errors" tab and must be

2. Press "Create Documents" button or Ctrl + Shift + E to export data from all provider tabs.

3. When prompted, select the folder in which you wish to save the files.

4. All files will be saved as XML files.

Warning : Files larger than 50mb cannot be uploaded to HICIS/SEFFF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records

Validation Status

Incomplete

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Questions?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you would like to withdraw a question and you are dialed in by phone, then dial “star(*) pound(#)” on your phone’s keypad.*
- To submit questions by webinar:

Type your question in the text box under the “Q&A” tab and click “Send.”