

Qualified Health Plan (QHP)

Plan Year (PY)19 – Essential Community Providers (ECP) / Network Adequacy Template and ECP Tool Demo

May 1, 2018

2018 Qualified Health Plan (QHP) Series

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Agenda

- Session Guidelines
- Key Dates
- QHP PY19 – ECP/ Network Adequacy Template and ECP Tool Demo
- Question & Answer (Q&A) Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This session is conducted to provide an overview of QHP Certification Plan Management data collection template changes for issuers operating in the Marketplace.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at: (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

Upcoming PY19 Key Dates for QHP Certification

Date	Category	Activity
May 1 – May 31, 2018	PM Community	Issuers and States provide Usernames for and Request Access to PM Community
May 9, 2018	QHP Certification	PY19 Submission Window Opens
May 31, 2018	QHP Certification	Deadline for Issuers to Submit Templates for the PY19 Early Bird Review Round
May 9 – May 31, 2018	PM Community	Issuers and States Log into PM Community to view PY19 Issuer Details and Plan Lists

Key Dates for PY18 Data Submission

Date	Category	Activity
March 15, 2018	URRT Deadline	PY 2018 Q3 Unified Rate Review Template Submission Deadline
April 11, 2018	DCRQ Submission	Deadline for submitting PY 2018 Data Change Requests for the April DCW (SHOP Q3 Rate Change Window)
Prior to May 16, 2018	Refresh Date	Approximate Refresh Date for the PY 2018 April DCW
June 15, 2018	URRT Deadline	PY 2018 Q4 Unified Rate Review Template Submission Deadline
July 11, 2018	DCRQ Submission	Deadline for submitting PY 2018 Data Change Requests for the July DCW (SHOP Q4 Rate Change Window)
Prior to August 16, 2018	Refresh Date	Approximate Refresh Date for the PY 2018 July DCW

Additional Webinar Sessions

All questions regarding Enrollment, External Data Gathering Environment (EDGE) Server or Federally-facilitated Small Business Health Options Program (FF-SHOP) can be addressed during the following webinar sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-Weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 p.m.
FF-SHOP	Tuesdays (Monthly)	1:00 p.m. – 2:00 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to <https://www.REGTAP.info>.

Announcements

QHP PY19 – ECP/ Network Adequacy Template and ECP Tool Demo

Introduction

- **The purpose of this presentation is to provide issuers with PY19 updates to the following:**
 - Review Network Adequacy Policy
 - Refresh understanding of the ECP/Network Adequacy Template for issuers operating in the Marketplace
 - Demonstrate ECP tools for Qualified Health Plan (QHP) and Stand-alone Dental Plan (SADP) reviews
- **Intended Audience:**
 - Experienced issuers using the Issuer Module from last year
 - New Issuers interested in a high level discussion of the ECP/NA Template and ECP Tool

PY19 Network Adequacy Review

PY19 Network Adequacy Reviews

- CMS will continue to verify that provider networks are adequate using a three-pronged network adequacy review approach. Issuers will be classified into one of three (3) prongs based on their domicile state and accreditation status.
- For PY19, CMS will continue to defer to states that are determined to have a sufficient network adequacy review process. This is defined as states with the authority that is at least equal to the “reasonable access standard” defined in 156.230 and means to assess issuer network adequacy.

PY19 Network Adequacy Reviews (continued)

- Prong one (1)—Issuers operating in a state that CMS has determined has adequate network adequacy review and ability to conduct the review are categorized and evaluated as Prong one (1). These issuers will not need to submit any additional documentation. For PY18, all states were determined to be adequate. For PY19, we expect all states will again be determined as adequate. If this changes, CMS will notify impacted issuers directly.
- Prong two (2)—If something changes, and there are states that CMS determines to have inadequate network adequacy review and ability to conduct the review, issuers that are not in a Prong one (1) state but that have an active accreditation from an [U.S. Department of Health and Human Services (HHS)-recognized accrediting entity (National Committee for Quality Assurance (NCQA), URAC, and Accreditation Association for Ambulatory Health Care (AAAHC)] will be categorized and evaluated as Prong two (2). These issuers would not need to submit any additional documentation.
- Prong three (3)—Issuers that are not in Prong one (1) or two (2) will be categorized and evaluated as Prong three (3). Prong three (3) issuers would have to submit a network access plan.

Access Plan Reviews

Access plans would be reviewed to ensure they contain the following elements from the National Association of Insurance Commissioners (NAIC) Health Benefit Plan Network Access and Adequacy Model Act #74 (<http://www.naic.org/store/free/MDL-74.pdf>):

- Describes the health carrier's network, including how the use of telemedicine or telehealth or other technology may be used to meet network access standards, if applicable.
- Describes the health carrier's procedures for making and authorizing referrals within and outside its network, if applicable.
- Describes the health carrier's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of populations that enroll in network plans.
- Describes the factors used by the health carrier to build its provider network, including a description of the network and the criteria used to select [and/or tier] providers.
- Describes the health carrier's efforts to address the needs of covered persons, including, but not limited to children and adults, including those with limited English proficiency or illiteracy, diverse cultural or ethnic backgrounds, physical or mental disabilities, and serious, chronic or complex medical conditions.

Access Plan Reviews (continued)

- Describes the health carrier's methods for assessing the health care needs of covered persons and their satisfaction with services.
- Describes the health carrier's method of informing covered persons of the plan's covered services and features.
- Describes the health carrier's system for ensuring the coordination and continuity of care.
- Describes the health carrier's process for enabling covered persons to change primary care professionals, if applicable.
- Describes the health carrier's proposed plan for providing continuity of care in the event of contract termination between the health carrier and any of its participating providers, or in the event of the health carrier's insolvency or other inability to continue operations.
- Describes the health carrier's process for monitoring access to physician specialist services in emergency room care, anesthesiology, radiology, hospitalist care and pathology/laboratory services at their participating hospitals.

PY19 ECP/NA Template Overview

Summary of ECP/NA Template

- 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.
- PY19 updates include:
 - Updated template header for PY19
 - Updated the supported versions of Microsoft Excel
 - Updated ECP reference data to Final for PY19

ECP/NA Template Version 8.2

The ECP/Network Adequacy Template has been updated to Version 8.2 for PY19

2019 ECP/Network Adequacy Template v8.2

User Control & Details for Template

Issuer Information

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

Actions

1. Create New Provider Tab

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

A. New Individual Provider (MD/DO)

Create Individual (MD/DO) Tab

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

Create Facility, Pharmacy, Non-MD/DO Tab

2. Import Network IDs

Click the Import Network IDs button to import a list from the Network ID template.

Import Network IDs

3. Validate Data

Click the Validate Data button to validate the data. Depending on data size, validation may take several minutes.

Validate

4. Create Supporting Documents

Perform data validation & export data to XML files.

Create Documents

5. Delete an Existing Tab?

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

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 (using the "Validate" button below) after entering in all information.

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 corrected.

2. Click "Create Documents" 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 HLIS/SE/FF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records should be okay.

Validation Status

Incomplete

System Requirements

For PY19, the ECP/NA Template has been updated to work with Microsoft Excel 2013 and 2016.

Browser Requirements

- Internet Explorer 11
- Firefox 56.0

Excel Requirements

- Microsoft 2013
- Microsoft 2016

Using the ECP/NA Template

Final PY19 ECPs

Navigate to the **Select ECPs tab** to view the Final PY19 Essential Community Providers List. The list can be filtered by each field (e.g., filter to include only providers from the applicable state).

	A	B	C	D	E	F	G	H
			Show All ECPs	Clear All	Show Selected ECPs	Insert Selected ECPs		
1								
	Add ECP?	Row Number	Site Name	Organization Name	National Provider Identifier	ECP Category (General ECP Standard Issuers Only)	Number of Medical FTEs or Bed Count	Number of Dental FTEs
2								
3		201800002	Adak Medical Clinic	EASTERN ALEUTIAN TRIBES, II	1285796094	Community Mental Health Centers, Dental	8	1
4		201800003	Akhiok Village Clinic	KODIAK AREA NATIVE ASSOCIATION	1205883907	Dental Providers, Federally Qualified Health Centers	1	1
5		201800004	Yukon-Kuskokwim Health Corporation	Yukon-Kuskokwim Health Corporation	1447477815	Indian Health Service, Other ECP Provider	1	0
6		201800005	Yukon-Kuskokwim Health Corporation	Yukon-Kuskokwim Health Corporation	1447477815	Indian Health Service, Other ECP Provider	1	0
7		201800006	ANESIA KUDRIN MEMORIAL CLINIC	Eastern Aleutian Tribes, Inc.	1558423392	Community Mental Health Centers, Dental	1	1
8		201800007	Yukon-Kuskokwim Health Corporation	YUKON-KUSKOKWIM HEALTH CENTER	1447477815	Indian Health Service, Other ECP Provider	1	0
9		201800008	ALLAKAKET HEALTH CLINIC	Tanana Chiefs Conference (DENALI)	1821201278	Community Mental Health Centers, Dental	0.2	0.02
10		201800009	SVT Health & Wellness	SELDOVIA VILLAGE TRIBE	1336178847	Federally Qualified Health Centers	1	0
11		201800010	Quyana Club House	Southcentral Foundation	1144274986	Other ECP Providers, Tribal Health Programs	0.9	0
12		201800011	Pediatric Cardiology of Alaska	Pediatric Cardiology of Alaska	1528203551	Other ECP Providers	2	0

Populating ECPs

Double click on an ECP row to select it. Click the **Insert Selected ECPs** button to populate the ECP into either the Facility ECPs or Individual ECPs tab.

A		B		C		D		E		F		G	H
				Show All ECPs		Clear All		Show Selected ECPs		Insert Selected ECPs			
Add ECP?		Row Number		Site Name		Organization Name		National Provider Identifier		ECP Category (General ECP Standard Issuers Only)		Number of Medical FTEs or Bed Count	Number of Dental FTEs
ADD		201800002		Adak Medical Clinic		EASTERN ALEUTIAN TRIBES, II		1285796094		Community Mental Health Centers, Dental		8	1
		201800003		Akhiok Village Clinic		KODIAK AREA NATIVE ASSOCI		1205883907		Dental Providers, Federally Qualified Healt		1	1
		201800004		Yukon-Kuskokwim Health Corpor		Yukon-Kuskokwim Health Corpor		1447477815		Indian Health Service, Other ECP Provider		1	0
		201800005		Yukon-Kuskokwim Health Corpor		Yukon-Kuskokwim Health Corpor		1447477815		Indian Health Service, Other ECP Provider		1	0
		201800006		ANESIA KUDRIN MEMORIAL CL		Eastern Aleutian Tribes, Inc.		1558423392		Community Mental Health Centers, Dental		1	1
		201800007		Yukon-Kuskokwim Health Corpor		YUKON-KUSKOKWIM HEALTH		1447477815		Indian Health Service, Other ECP Provider		1	0
		201800008		ALLAKAKET HEALTH CLINIC		Tanana Chiefs Conference (DEN		1821201278		Community Mental Health Centers, Dental		0.2	0.02
		201800009		SVT Health & Wellness		SELDOVIA VILLAGE TRIBE		1336178847		Federally Qualified Health Centers		1	0
		201800010		Guyana Club House		Southcentral Foundation		1144274986		Other ECP Providers, Tribal Health Progra		0.9	0
		201800011		Pediatric Cardiology of Alaska		Pediatric Cardiology of Alaska		1528203551		Other ECP Providers		2	0

Select ECPs Tab Buttons

There are four buttons on the Select ECPs tab:

- **Show All ECPs** clears all filters to show the original list
- **Clear All** unselects all ECPs (so that no rows are highlighted)
- **Show Selected ECPs** filters the list to include only selected ECPs (so that only highlighted rows are shown)
- **Insert Selected ECPs** populates ECPs into the Facility ECPs and Individual ECPs tabs

	A	B	C	D	E	F	G	H
1		Show All ECPs		Clear All		Show Selected ECPs	Insert Selected ECPs	
2	Add ECP?	Flow Number	Site Name	Organization Name	National Provider Identifier	ECP Category (General ECP Standard Issuers Only)	Number of Medical FTEs or Bed Count	Number of Dental FTEs
3								
4		201800002	Adak Medical Clinic	EASTERN ALEUTIAN TRIBES, II	1285796094	Community Mental Health Centers, Dental	8	1
5		201800003	Akhiok Village Clinic	KODIAK AREA NATIVE ASSOCI	1205883907	Dental Providers, Federally Qualified Health	1	1
6		201800004	Yukon-Kuskokwim Health Corporation	Yukon-Kuskokwim Health Corporation	1447477815	Indian Health Service, Other ECP Provider	1	0

ECP Population Logic

ECPs in the 'Select ECPs' tab will populate based on the total number of Full-time Equivalent (FTEs) (Medical and Dental) or hospital beds.

- If the total number of FTEs for a selected provider is 0-1, then the ECP will populate as an Individual ECP
- If the total number of FTEs or hospital beds for a selected provider is greater than 1, then the ECP will populate as a Facility ECP

National Provider Identifier	ECP Category (General ECP Standard Issuers Only)	Number of Medical FTEs or Bed Count	Number of Dental FTEs
1225228729	Federally Qualified Health Centers, Indian H	1	0
1821201278	Community Mental Health Centers, Dental F	2	0.05
1851662233	Federally Qualified Health Centers	1.4	0
1306987532	Community Mental Health Centers, Dental F	6	1
1609871391	Federally Qualified Health Centers	3	0
1194886895	Community Mental Health Centers, Dental F	0.04	0.02

Individual

Facility

Individual

Completing ECP Tabs

After populating ECPs, complete all remaining blank fields in the Facility ECPs and Individual ECPs tabs (i.e., Facility and Specialty Types, Network IDs, FTEs or Bed Count)

	A	B	C	D	E	F
1			Select All	Clear All	Remove Selected ECPs and Blank Rows	
2	Remove ECP?	Row Number	National Provider Identifier (NPI)*	Facility Name*	Facility Type*	Provider Name*
3		201800002	1285796094	EASTERN ALEUTIAN TRIBES, INC. (EAT)	000 OTHER	Adak Medical Clinic

Facility ECPs and Individual ECPs Tabs – Removing Blank Rows

Blank rows can be removed from the Facility ECPs and Individual ECPs tabs by clicking the 'Remove Selected ECPs and Blank Rows' button.

		Select All	Clear All	Remove Selected ECPs and Blank Rows	
Remove ECP?	Row Number	National Provider Identifier (NPI)*	Facility Name*	Facility Type*	
	201800002	1205796094	EASTERN ALEUTIAN TRIBES, INC. (EAT)	000 OTHER	
REMOVE	201800003	1205883907	KODIAK AREA NATIVE ASSOCIATION (KANA)	000 OTHER	

Facility ECPs and Individual ECPs Tabs – Buttons

The Facility ECPs and Individual ECPs Tabs have the following buttons:

- **Select All** selects each populated row (highlights all rows)
- **Clear All** unselects each populated row (un-highlights all rows)
- **Remove Selected ECPs and Blank Rows** removes highlighted rows and blank rows

		Select All	Clear All	Remove Selected ECPs and Blank Rows
Remove ECP?	Row Number	National Provider Identifier (NPI)*	Facility Name*	Facility Type*
	201800002	1285796094	EASTERN ALEUTIAN TRIBES, INC. (EAT)	000 OTHER

Network Adequacy Tabs

In order to populate Network Adequacy tabs, click the **Create Individual (MD/DO) Tab** and **Create Facility, Pharmacy, Non-MD/DO Tab** buttons on the User Control tab.

2019 ECP/Network Adequacy Template v8.2
User Control & Details for Template

Issuer Information	
Issuer ID: *	
Source System: *	
State: *	
Is this an Alternate ECP Standard? *	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 (using the "Validate" button below) after entering in all information

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 corrected
2. Click "Create Documents" 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 HLISCIS/EPFF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records should be okay.

Validation Status

Incomplete

Actions

- 1. Create New Provider Tab**
Please enter all **Issuer Information** above before creating a new tab.
A. New **Individual Provider (MD/DO)**
Create Individual (MD/DO) Tab
B. New **Facility, Pharmacy, Non-MD/DO**
Create Facility, Pharmacy, Non-MD/DO Tab
- 2. Import Network IDs**
Click the Import Network IDs button to import a list from the Network ID template.
Import Network IDs
- 3. Validate Data**
Click the Validate button to validate the data. Depending on data size, validation may take several minutes.
Validate
- 4. Create Supporting Documents**
Perform data validation & export data to XML files.
Create Documents
- 5. Delete an Existing Tab?**
Refer to Column P on this tab if you would like to delete an existing tab.

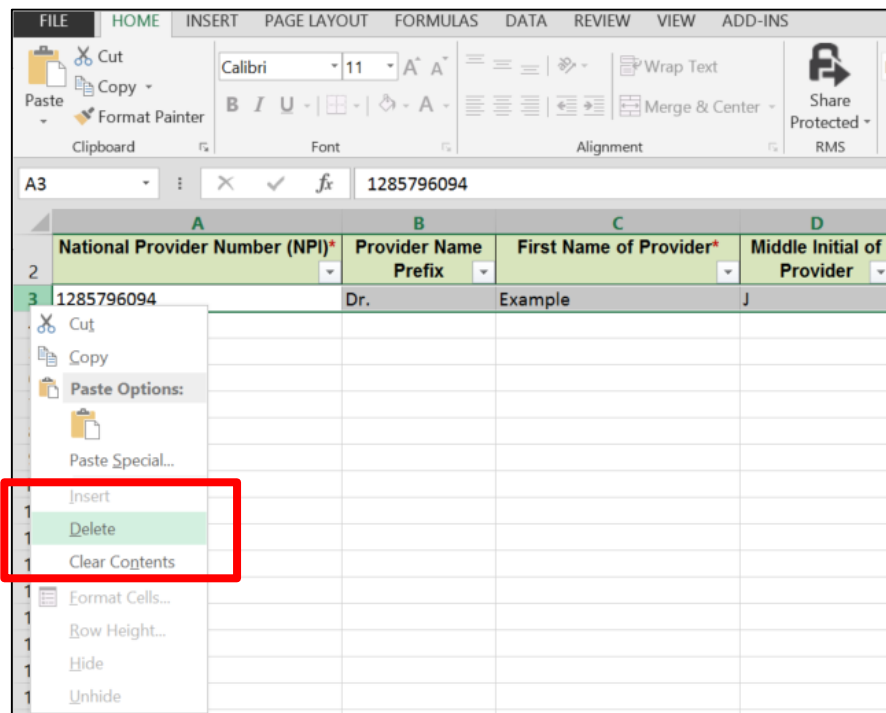
Completing Network Adequacy Tabs

After creating Network Adequacy Tabs ('Individual Providers' and 'Facilities & Pharmacies'), complete all fields for each provider.

	A	B	C	D
2	National Provider Number (NP)	Facility Name*	Facility Type*	Street Address*
3				
4				
5				
6				

Removing Blank Rows – NA Tabs

Blank rows can be removed from the Individual Providers and Facilities & Pharmacies tabs by right-clicking and deleting the row (standard Microsoft Excel functionality).



NOTE: Entered Addresses Must Be Physical Location

Addresses entered in the ECP/Network Adequacy Template are required to be the physical location where the provider practices and the enrollee will receive services. P.O. Boxes, corporate office addresses, etc. should not be entered and will be flagged if identified during QHP Application review.

Street Address*	Street Address 2	City*	State*	County*	Zip*
P.O. Box 571		Juneau	AK	Juneau	99801

Incorrect! P.O. Boxes
should not be entered!

Finalizing Template

After entering data, click the **Validate** button to confirm that the data have no data validation errors.

Then click the **Create Documents** button to generate a zip file that will later be uploaded as part of data submission.

2019 ECP/Network Adequacy Template v8.2
User Control & Details for Template

Issuer Information	
Issuer ID: *	
Source System: *	
State: *	
Alternate ECP Standard: *	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 (using the "Validate" button below) after entering in all information

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 corrected
2. Click "Create Documents" 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 HLIS/SEFF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records should be okay.

Validation Status

Incomplete

Actions

1. **Create New Provider Tab**
Please enter all **Issuer Information** above before creating a new tab.
A. New **Individual Provider (MD/DO)**
Create Individual (MD/DO) Tab
B. New **Facility, Pharmacy, Non-MD/DO**
Create Facility, Pharmacy, Non-MD/DO Tab
2. **Import Network IDs**
Click the Import Network IDs button to import a list from the Network ID template.
Import Network IDs
3. **Validate Data**
Click the Validate button to check for errors. Depending on data size, validation may take several minutes.
Validate
4. **Create Supporting Documents**
Perform data validation & export data to XML files.
Create Documents
5. **Delete an Existing Tab?**
Refer to Column P on this tab if you would like to delete an existing tab.

Errors Tab

The **Errors Tab** lists any errors that were found as part of validations after clicking the **Validate** or **Create Documents** buttons.

A B C		
Below are the validation errors that were identified in the submitted data. Please correct these errors. You must have a valid template before you can export data to XML files. Select the Cell address that is underlined and highlighted in blue to navigate to the specified error.		
Important Note: If one or more rows are deleted in a provider tab or data is reorganized, cell hyperlinks in that tab may no longer be accurate. Please re-run the data validation on the 'User Control' tab to refresh the hyperlinks if this occurs.		
Tab	Cell	Validation Error Message
Facility ECPs	\$KS3	The entered State is invalid. Please only select a state that is available in the state drop-down box. Only enter information for providers that are located in or contiguous to the issuer's state (entered on the 'User Control' tab). Information for providers in other states cannot be submitted. If this is an ECP added from the Select ECPs tab, then this ECP is not allowed for your state and should be removed.
Facility ECPs	\$NS3	It appears that the Network ID field is empty for this record. Network ID is a required field and cannot be blank. Please enter one or more valid Network IDs or remove this record.
Facility ECPs	\$OS3	This is a required field and cannot be blank.

Template and ECP Write-in Reminders

- In both the “Individual ECPs” and “Facility ECPs” tabs:
 - The field “Number of Medical FTEs or Bed Count” reflects the number of contracted MDs, DOs, PAs, and NPs or staffed hospital beds at the respective ECP facility and must be no greater than the number reported by the provider as reflected on the “Select ECPs” tab
 - The field “Number of Dental FTEs” reflects the number of contracted DMDs and DDSs at the respective ECP facility and must be no greater than the number reported by the provider as reflected on the “Select ECPs” tab
- The ECP write-in process will continue to be available to issuers for counting toward the issuer’s satisfaction of the 20 percent ECP standard only for the issuer that:
 - Selects the provider from the HHS Available ECP Write-in List for PY19; and
 - Writes in the provider on its ECP write-in worksheet by no later than August 22, 2018

Refresher on ECP Tools for PY19 QHP and SADP Reviews

Benefits of Using the ECP Review Tool

- Speeds up reviews
 - Example: Provides the ability to review a large volume of submitted ECPs to identify service areas that do not meet the 20 percent ECP standard.
- Quick and efficient way to identify concerns that may not easily be found through hands-on ECP review.
 - Example: Identifies any ECPs that fall outside of the issuer's service area.
- Allows for easier comparison of contracted ECPs across the ECP categories.
 - Example: Identifies ECP categories for which an issuer has not yet contracted to satisfy the ECP category per county contract offering requirement

Benefits of Using the ECP Review Tool (continued)

- Includes allowable ECP write-ins to count toward an issuer's satisfaction of the 20 percent ECP standard only for the issuer that writes in the ECP on its ECP write-in worksheet.
 - Available write-in providers are those that appear on the HHS Available ECP Write-in List for PY19 by having submitted an ECP petition to HHS no later than the deadline for issuer submission of changes to the QHP application.
 - The “Available ECP Write-in List” appears as a tab within the tools so that ECPs on an issuer's ECP Write-in Worksheet can be imported into the tools and counted toward satisfaction of the 20 percent ECP standard.

Live Demo

- QHP(medical) ECP Tool
- Stand-alone Dental Plan (SADP) ECP Tool

Deficiencies and Justifications

- As in previous years, if an issuer's application does not satisfy the ECP standard, the issuer would be required to include as part of its application for QHP certification a satisfactory narrative justification describing how the issuer's provider networks, as presently constituted,
 - Provide an adequate level of service for low-income and medically underserved individuals
 - How the issuer plans to increase ECP participation in its provider networks in future years
- At a minimum, a narrative justification would include:
 - Number of contracts offered to ECPs for the 2019 plan year
 - Number of additional contracts an issuer expects to offer and the timeframe
 - Names of the specific ECPs to which the issuer has offered contracts that are still pending
 - Contingency plans for how the issuer's provider network, as currently designed, would provide adequate care to enrollees who might otherwise be cared for by relevant ECP types that are missing from the issuer's provider network

Deficiencies and Justifications

- Additional justification examples would include:
 - A medical facility that appears on the Final 2019 ECP List but has recently closed or no longer provides dental services (the latter being an example of a justification for an SADP issuer).
 - A medical facility that appears on the Final 2019 ECP List but has indicated that it no longer contracts with any Marketplace plans.

Where to Find Tools, User Guides, and References

- CMS has posted the Review Tools at the following location:
 - <https://www.ghpcertification.cms.gov/s/Review%20Tools>
- The ECP/NA Template and Instructions can be found at the following location:
 - <https://www.ghpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy>

Open Q&A Session

Questions?

- To submit or withdraw questions by phone:
 - *To submit a question, dial “star(*) pound(#)” on your phone’s keypad.*
 - *To withdraw a question, 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.”*

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and Health Insurance Oversight System (HIOS)
 - **Call: 855-CMS-1515**
 - **Email: CMS_FEPS@cms.hhs.gov**
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/SERFF
 - **Email: serffplanmgmt@naic.org**

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.
- Include screenshots or attach templates when asking about an error or issue with the template.
- Submit separate Help Desk requests for different, unrelated questions.
- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
- Identify or note whether a question is for the SHOP or Individual Exchange.

HIOS User Group Conference Call

- HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00)
- Call Access: 1-888-455-8828; Passcode: 6714482

Plan Management Webinar Dates

The QHP May Webinar sessions occur on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
05/03/18	Thursday	1:00 p.m. – 2:00 p.m.	Non-discrimination Tools
05/08/18	Tuesday	3:00 p.m. – 4:00 p.m.	QHP Submission Tips
05/10/18	Thursday	1:00 p.m. – 2:00 p.m.	QIS Issuer Module II
05/15/18	Tuesday	3:00 p.m. – 4:00 p.m.	PY19 Plan ID Crosswalk Template for Automatic Re-Enrollment and Patient Safety
05/17/18	Thursday	1:00 p.m. – 2:00 p.m.	PY19 Data Integrity Tool (DIT)
05/22/18	Tuesday	3:00 p.m. – 4:00 p.m.	Allowable Data Corrections
05/24/18	Thursday	1:00 p.m. – 2:00 p.m.	TBD
05/31/18	Thursday	1:00 p.m. – 2:00 p.m.	PM Community Series: Corrections Released in the Community and What to Expect for Early Bird Review Results

Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html
Qualified Health Plan (QHP) Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
Health Insurance Oversight System (HIOS)	https://portal.cms.gov/wps/portal/unauthportal/home/
System for Electronic Rate and Form Filing (SERFF)	https://login.serff.com/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
HIOS	Health Insurance Oversight System

Commonly Used Acronyms (Continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks