

# Network Adequacy and Essential Community Providers

**April 13, 2018**

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

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# Introduction

- This presentation will provide issuers with the Plan Year 2019 updates to the following:
  - Network Adequacy Policy
  - Essential Community Provider (ECP) and Network Adequacy Template for issuers operating in the Marketplace and Premium Stabilization programs
  - ECP tools for Qualified Health Plan (QHP) and Stand-alone Dental Plan (SADP) reviews

# PY19 Network Adequacy Review



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# 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 prongs based on the state in which they are offering plans 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 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 1. These issuers will not need to submit any additional documentation. For PY2018, all states were determined to meet this standard. For PY2019, we expect all states will again be determined as meeting this standard. If this changes, CMS will notify impacted issuers directly.
- Prong 2—If 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 1 state but that have an active accreditation from an HHS-recognized accrediting entity (National Committee for Quality Assurance, URAC, and Accreditation Association for Ambulatory Health Care) will be categorized and evaluated as Prong 2. These issuers would not need to submit any additional documentation.
- Prong 3—Issuers that are not in Prong 1 or 2 will be categorized and evaluated as Prong 3. Prong 3 issuers would have to submit a network access plan.

# PY 2019 ECP/NA Template Overview

# ECP/Network Adequacy Template

### 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 HICSI/SEFFF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records should be okay.

Actions

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

# Template and ECP Write-in Reminders

- ECPs in the 'Select ECPs' tab will populate the 'Individual ECPs' and 'Facility ECPs' tabs based on the total number of FTEs (Medical and Dental) or hospital beds.
- In both the 'Individual ECPs' and 'Facility ECPs' tabs:
  - The field 'Number of Contracted MDs, DOs, PAs, and NPs' reflects the 'Number of Medical FTEs or Bed Count'
  - The field 'Number of Contracted DMDs and DDSs' reflects the 'Number of Dental FTEs'
- 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 PY2019; and
  - Writes in the provider on its ECP write-in worksheet by no later than August 22, 2018



# ECP Population Logic

- ECPs in the 'Select ECPs' tab will populate based on the total number of 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

# Refresher on ECP Tools for PY 2019 QHP and SADP Reviews



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# Benefits of Using the ECP Review Tools

- Speed up reviews
  - Example: 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: Identify any ECPs that fall outside of the issuer's service area.
- Allow for easier comparison of contracted ECPs across the ECP categories.
  - Example: Identify ECP categories for which an issuer has not yet contracted to satisfy the category per county contract offering requirement

# Benefits of Using the ECP Review Tools (continued)

- Include 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 PY2019 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
- Identify ECP categories for which an issuer has not yet contracted to satisfy the category per county contract offering requirement.

# Live Demo

- Qualified Health Plan (medical) ECP Tool
- Stand-alone Dental Plan (SADP) ECP Tool

# Where to Find Tools, User Guides, and References

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

# 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
- 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

# Questions

