



Arkansas Insurance Department

PY2027 SERFF

**Network Adequacy Data
Submission Instructions**

Version 4.0

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Revision History

Version	Author	Change	Date
1.0	Tonmoy Dasgupta	First release	2/19/2017
1.1	Tonmoy Dasgupta	Appendix 2 added to enable NA data submission earlier than the rest of the data.	4/13/2017
1.2	Tonmoy Dasgupta	School Based Template instructions changed because the PY2018 ECP/NA template cannot be used as in the prior year's process. The directory has been changed into a template.	4/19/2017
1.3	Tonmoy Dasgupta	Appendix 2 updated after observing an issuer's failure to submit	5/4/2017
1.4	Tonmoy Dasgupta	Deferment of process 3.b	5/17/2017
1.5	Tonmoy Dasgupta	Removed school based data submission requirements. Update on process 3.b (no mid-year ECP/NA data submission required). Removal of Appendix 2 (Work-a-round for a problem in PY2018). Beefed up explanation for Network ID template because of frequent errors by issuers new to NA reporting	3/13/2018
1.6	Tonmoy Dasgupta	PY2020 release with version update. No material changes.	12/18/2018
1.7	Tonmoy Dasgupta	1-3) Process 3.a-3 (Added "Other Health Plans...")	8/8/2019
1.8	Tonmoy Dasgupta	PY2021 release with version update. Sampling size for county with no members changed in 2.1	12/16/2019
1.9	Tonmoy Dasgupta	PY2022 release only with version update- no material change.	11/30/2020
2.0	Tonmoy Dasgupta	PY2023 release with version update. Section 1.3 updated to correct anytime submission only for Large Group. Section 1.3.1 SERFF file name change. Section 1.3.3 reference to Rule 106 Section 3-I changed to 3-J with updated Rule.	3/10/2022
2.1	Tonmoy Dasgupta	AR Network Adequacy Supplemental Template has been added after it was discovered that the PY2023 CMS-CCIIO ECP/NA template had removed the "Pharmacy" and "Other" categories, preventing Issuers from reporting provider types that Arkansas monitors but CMS does not.	5/2/2022
2.2	Tonmoy Dasgupta	PY2024 release only with version update- no material change.	3/14/2023
2.3	Tonmoy Dasgupta	PY2025 release only with version update- no material change.	12/27/2023
2.4	Tonmoy Dasgupta	Added "AR Network Adequacy Supplemental Template" to section 1-3. Was missing in this section though mentioned later on,	2/29/2024
3.0	Tonmoy Dasgupta	Revised entire document to switch NA review to CCIIO standards starting PY2026	12/4/2024
3.1	Tonmoy Dasgupta	Draft for PY2026 finalized with "Isolated Outlier" provider location review elaborated. No material changes other than clarity in other sections.	4/22/2025
4.0	Tonmoy Dasgupta	Revised for PY2027. Added the isolated outlier review as a separate process outside the certification review window. Introduced the "Network Adequacy Determination Report". Explained the new "Data Issues" tab in network adequacy. Changed suggested sampling in section 2.3 from "0.05% of the non-elderly" to "0.5% of the non-elderly".	5/7/2026



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1. Background:

Arkansas Insurance Department's Network Adequacy (NA) annual review consists of four distinct processes. The purpose of this document is only to expand on data submissions in Process 4 described below. Processes 1, 2 & 3 are summarized in this document for context and information only. Process 1 is essentially data definition and process 2 & 3 relates to data governance.

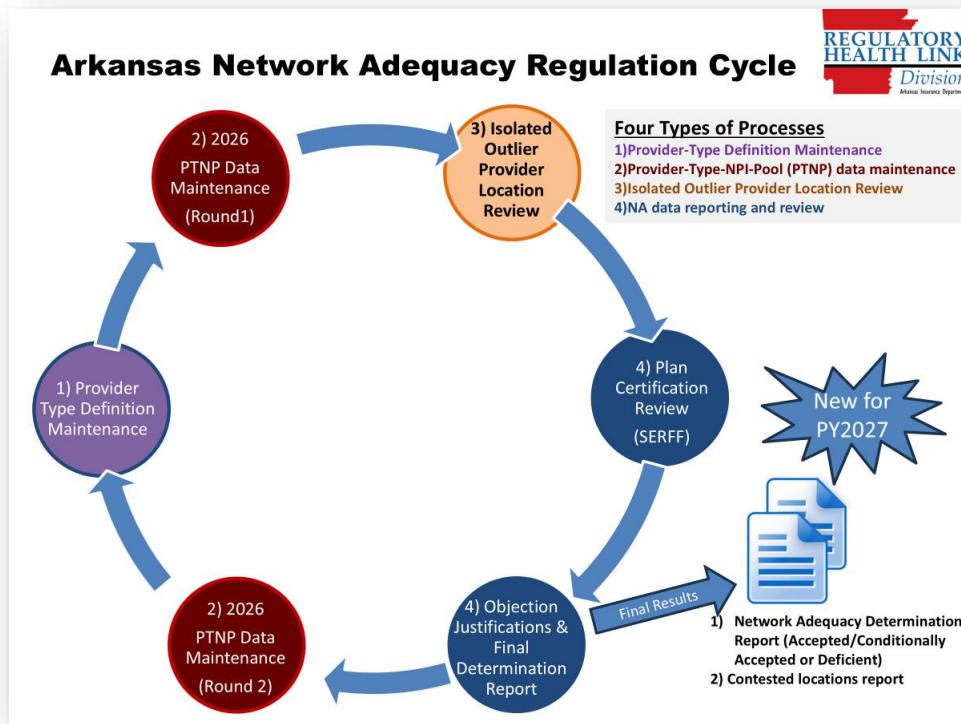


Figure 1: Processes in the NA Regulation Cycle

1) Process 1- Maintenance of Provider Type definitions:

In this process the Arkansas Insurance Department (AID) reviews the Provider Types list (*For example, Acute Care Hospitals, Oncologists, OB/GYN etc.*) that will be monitored for Network Adequacy (NA) in the oncoming Plan Year. CCIIO Provider Types will be monitored to meet CCIIO's NA standards as a minimum. Every year AID/Issuers will review the upcoming plan year's *Notice of Benefits and Payment Parameters (NBPP)* and *Letter to Issuers (LTI)* to ensure coverage of CCIIO NA standards, including CCIIO provider types.

CCIIO provider types and standards will apply as a minimum. AID could make the provider types and standards more stringent, but not the other way round, to meet CCIIO standards. For



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example, Arkansas may adopt a CCIIO provider type taxonomic definition and remove an allowed taxonomy making it more stringent.

Additional provider types may be added for a Plan Year as per need by AID and these provider types will be referred to in this document as *AID Provider Types*. *AID Provider Types* may be decided by AID in collaboration with Arkansas Department of Health (ADH) and the Arkansas Center for Health Improvement (ACHI). Provider Types with their taxonomic definitions is subsequently shared with the industry for comment. Finally, this is published as “*Provider Type Taxonomic Descriptions*” within the webpage

<http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>. Processes 2 and 3 are dependent on the outcome of this process.

2) **Process 2 – PTNP Process:**

The essence of this process is to arrive at an industry agreement on provider classification(s) into the provider types discussed in Process 1 above. In this process, AID facilitates the industry maintenance of the Provider-Type-NPI-Pools (PTNPs) data. This data maintenance process occurs twice a year because of the dynamic nature of provider networks. The first round ends early in the year with publication of the *Finalized Provider Type-NPI List* for the on-coming Plan Year in AID’s web location <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>. The *Finalized Provider Type-NPI List* is commonly called the “Provider-Type-NPI-Pool” or simply the “PTNP”. Process 3 is dependent on this data artifact.

3) **Process 3 – Isolated Outlier Review Process:**

The Department facilitates this process to identify provider addresses, unique to each issuer, which have a higher likelihood of making regulation inefficient if found to be incorrect. The Department gathers provider addresses from all issuers and provides back a customized list to each issuer for review and correction. The list contains provider addresses that no other issuer reported *and additionally*, no other provider of the same type exists around a 1 mile radius. If these addresses are not carefully reviewed and corrected as required, inefficiencies are introduced into the regulatory ecosystem. All competitors may waste resources researching deficiency objections that they may not have received in the first place (had incorrect outlier addresses been resolved). The regulator must then deal with all the justifications to a potentially unnecessary objection and start corresponding with the offending issuer. The issuer is expected to correct the addresses as needed before submitting data for certification review.

4) **Process 4 – Data submission for certification:**

This process is essentially data preparation and submission of plan data in SERFF (NA data included) for plan certification and network adequacy review. Issuers prepare and submit NA data followed by AID’s review. All data submissions in this process occur within SERFF (the review platform maintained by NAIC). This process starts with release of the *Requirements for Qualified Health Plan Certification* for the oncoming Plan Year (For example 3-2016 Bulletin “*2017 Plan Year Requirements for Qualified Health Plan Certification*” published on March 1,



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2016), typically mid-May, and ends with the certification, decertification, or withdrawal of the submitted plans. Starting PY2026, Large Group are required to file their data on May 15th, or if it falls on a weekend, the first following business day. Starting PY2026, Large Group are required to file their data on May 15th, or if it falls on a weekend, the first following business day.

Starting PY2027, after the network review and objection-justification dialog within SERFF, the Department will issue a final report on each network called *Network Adequacy Determination Report* with a status of “Accepted”, “Conditionally Accepted” or “Deficient” . If other issuers have contested locations reported by the network as being erroneous, the determination report would be accompanied by a *Contested Locations Report*. The issuer is expected to carefully review these contested locations and work on the corrections as required before the next year’s data submissions. The Department will keep track of such locations and a lack of diligence towards review and correction of these addresses would invite closer regulatory scrutiny and action in future years.



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Network Adequacy data submitters are categorized into three groups because of differing requirements

1) QHP Plans On Marketplace (Individual and SHOP) & Stand Alone Dental Plans (On-Marketplace and Off-Marketplace-seeking-certification):

All NA data artifacts needed by AID from the issuers for this process are listed in the spreadsheet titled *PY <applicable Plan Year in YYYY format> AID QHP SADP Plan Management Submission Requirements BY DATE <due date>* located in the Plan Management General Instructions section within SERFF.

2) Off-Marketplace Medical Plans:

All NA data artifacts needed by AID from the issuers for this process are listed in the spreadsheet titled *PY<applicable Plan Year in YYYY format> AID Off-Marketplace Binder Submission Requirements BY DATE <due date>* available in the Plan Management General Instructions section within SERFF.

3) Other Health Benefit Plans

See definition in Rule 106 Section 3-J.

PY2027 data requirements are limited to the following 5 NA templates, but only 4 templates (2. through 5.) are needed during data submission deadline in SERFF.

AID authored templates

1. AR NA Justification Template (This template is modelled after CCIIO's NA Justification template that is customized per deficiencies found in the issuers network(s). This template is not involved during initial data submission. It is created by AID if CCIIO standard requirements are not met for one or more Provider Type-County combination.)
2. AR Provider-Enrollee Ratio Template

Federal (CCIIO) authored templates

3. Network Adequacy Template (Called the ECP/NA Template in the past)
4. Service Area Template
5. Network ID Template

There is a mid-year review done by AID on certified plans that are in operation. This review does not require new data submissions. AID uses PTNPs and issuers' template data available across two successive plan years to highlight deteriorations in Provider-Type-County combinations.

AID's maintains complete details of the NA Regulation program including meeting minutes within its NA home page at: <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>.



2. Process 4 template details:

This section elaborates on Process 3 mentioned in Background Section 1 of this document. This section first dwells on various data aspects and issues before diving into each data template required.

AID will review NA for CCIIO provider types. AID's implementation of NA regulation makes use of a combination of Arkansas *and* Federal (CMS/CCIIO) designed templates.

CCIIO's QHP Sample Population file.

Starting PY2026, AID would compute CCIIO's coverage requirements using CCIIO's latest QHP Sample population file against provider locations in the NA template. The QHP population sample file is located in <https://www.ghpcertification.cms.gov/QHP/applicationmaterials/Network-Adequacy>. Though referred to as the "QHP" Sample Population file, the use of this sample applies to all lines of business covered under Rule 106, including large and small group health plans.

CCIIO NA Standards being implemented.

AID will use CCIIO's drive distance standards and compute the coverage percentage for every *provider type-County* using (1) the provider locations in the Network Adequacy template, (2) the current Finalized PTNP list for filtering classifications, and (3) the QHP Sample population file published by CCIIO. Details on (1) & (3) are located at <https://www.ghpcertification.cms.gov/s/Network%20Adequacy> and details for (2) are located at <https://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>. AID does not require issuers to submit the *AR Specialty Access template* since PY2026. Consequently, AID does not require issuers to submit "up-front" justifications explaining the shortcomings in the *AR Specialty Access template* at the time of data submission. Justifications would be handled through customized NA justification templates patterned on the CCIIO justification template – details of which are explained later in the document.

Limiting large number of practicing address locations per NPI.

AID intends to keep using CCIIO's Network Adequacy template. CCIIO limits a maximum of 10 different practicing address locations per NPI in their template. Issuers may need to review providers with over 10 practicing locations if any and judiciously choose 10 locations that are most advantageous to the issuer in terms of Network Adequacy coverage. For example, if an issuer finds an NPI has 13 practicing locations in total, with 7 locations in Little Rock, 4 in Conway and 2 in Monticello, it would NOT be advantageous to report all 10 addresses from Little Rock and Conway areas, ignoring the Monticello location.

The subsequent sub-sections detail all data templates required for AID's NA review towards plan certification.

2.1 Use of the customized *AR Justification Template*:

The customized templates idea for NA justifications has been borrowed from CCIIO and closely mimics their template. AID believes that this feature of the CCIIO workflow is better suited for the nature of required information exchange between regulator and issuer on NA deficiencies.

The justification template is not required during initial data submission starting PY2026. If AID finds deficiencies in the issuers network, the Department will generate a customized NA justification template for the issuer, depending upon the deficiencies.



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There is more than one response tab in this template. Only tabs coded with orange need issuer response.

The *Objections* tab within this template lists coverage percentage for every *provider type-County* that falls below the required 90% coverage. The issuer must respond to the objections in this tab.

All issuers with network deficiencies will also be required to provide data in either of the two tabs *Network Development – OR- Data Issues* providing relevant justification details (that the Department may later verify).

The *Network Development tab* should have justifications related to the improvement of the network whereas the *Data Issues tab* should contain details about incorrect provider location reported by others -and/or- PTNP data maintenance required. The *Data Issues tab* has been introduced in PY2027 because Arkansas has discussions around needing to correct bad data which is different from network development.

In addition to the justification details the issuer would need to respond to the following questions.

SL#	Questions Pertaining to Monitoring and Mitigating Measures for Provider Network Gaps
1	What sources do you use to monitor for new providers entering your service area? (enter all that apply)*
2	How often do you monitor your sources for new providers entering your service area?*
3	Do you hold QHP enrollees of this plan responsible for only in-network cost sharing for out-of-network care received when you do not meet the network adequacy standards for a network/county/specialty combination?*
4	What is the number of QHP enrollee complaints received regarding network adequacy during the prior Plan Year?*
5	What is the total QHP enrollee PMPM covered through the same network(s) during the prior plan year.

Though no response is expected on the *Informational Network Issues* tab, the issuer is expected to use the information within this tab to monitor for new providers on a planned periodic basis. This tab lists all *provider type-County* combinations where the coverage requirement of 90% was not met but the Department has determined that the issuer has the highest possible coverage percentage and cannot improve coverage any further due to the lack of providers in the deficient area. The lack of providers is determined from the collection of data from all issuers.

2.2 AR Provider-Enrollee Ratio Template

The PY <applicable Plan Year> AR Provider-Enrollee Ratio Template is located in the [Data Specification webpage: http://rhld.insurance.arkansas.gov/Info/Public/Templates](http://rhld.insurance.arkansas.gov/Info/Public/Templates). Please read all instructional tabs before using this template.

AID requires QHP and off-exchange medical issuers to furnish provider-enrollee ratios for certain Provider Types at the service area level. If the issuer operates throughout the state, they will need to provide state level data whereas issuers providing service in a limited set of counties would provide data at the combined county level for that set of counties. These ratios display the number of providers for every 1,000 enrollees.

The minimum requirement ratios for the various provider types have been drawn from the [2024 HSD Reference File Updated 10_18_2023 \(XLSX\)](#) located at [Medicare Advantage Applications | CMS](#) as retrieved on 11/22/2024. Ratios for CCIIO Provider Types listed in Medicare Part A have been used. A few CCIIO provider types and facilities do not exist in the AID's data template because they do not exist



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in the Medicare documentation mentioned earlier. The Provider-Enrollee ratio excel template designed by AID does not ask for information at the level of detail of Medicare Advantage. Rather than requiring data at the county level for every provider type, AID's version asks for the data summarized to *Medicare County Category* levels of the service area covered by the network. For example, AID's template requests Urology provider for every 1000 enrollees (the ratio) summarized at the Large Metro, Metro, Micro, Rural or CEAC Medicare county classification level of all the counties in the Service Area, not at each county level of the service area. The following table lists the various provider-enrollee ratios required for different provider types starting PY2026.



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CriteriaID	Criteria Reference	AID Requirements on Minimum Provider-Enrollee ratios for various Medicare county classifications* (Per 1000 enrollees)				
		Large Metro	Metro	Micro	Rural	CEAC
P012	Allergy and Immunology	0.05	0.05	0.04	0.04	0.04
P013	Cardiology	0.27	0.27	0.23	0.23	0.23
P014	Cardiothoracic Surgery	0.01	0.01	0.01	0.01	0.01
P015	Chiropractor	0.10	0.10	0.09	0.09	0.09
P017	Dermatology	0.16	0.16	0.14	0.14	0.14
P019	Endocrinology	0.04	0.04	0.03	0.03	0.03
P020	ENT/Otolaryngology	0.06	0.06	0.05	0.05	0.05
P021	Gastroenterology	0.12	0.12	0.10	0.10	0.10
P022	General Surgery	0.28	0.28	0.24	0.24	0.24
P023	Gynecology, OB/GYN	0.04	0.04	0.03	0.03	0.03
P024	Infectious Diseases	0.03	0.03	0.03	0.03	0.03
P025	Nephrology	0.09	0.09	0.08	0.08	0.08
P026	Neurology	0.12	0.12	0.10	0.10	0.10
P027	Neurosurgery	0.01	0.01	0.01	0.01	0.01
P029	Oncology - Medical, Surgical	0.19	0.19	0.16	0.16	0.16
P030	Oncology - Radiation	0.06	0.06	0.05	0.05	0.05
P031	Ophthalmology	0.24	0.24	0.20	0.20	0.20
P032	Orthopedic Surgery	0.20	0.20	0.17	0.17	0.17
P036	Plastic Surgery	0.01	0.01	0.01	0.01	0.01
P037	Podiatry	0.19	0.19	0.16	0.16	0.16
P038	Primary Care – Adult	1.67	1.67	1.42	1.42	1.42
P039	Primary Care – Pediatric	1.67	1.67	1.42	1.42	1.42
P040	Psychiatry	0.14	0.14	0.12	0.12	0.12
P041	Pulmonology	0.13	0.13	0.11	0.11	0.11
P042	Rheumatology	0.07	0.07	0.06	0.06	0.06
P044	Urology	0.12	0.12	0.10	0.10	0.10
P045	Vascular Surgery	0.02	0.02	0.02	0.02	0.02
F001	Acute Inpatient Hospital Beds	0.12	0.12	0.12	0.12	0.12



Issuers with no enrollees in any county (new issuers entering the state, or existing issuers expanding service areas) may use 0.5% of the non-elderly (under 65 years) county population for all counties that comprise their service area as a base of membership for providing reports and determining the ratios for network providers.

This template provides an opportunity to the issuers to convey justifications if unable to meet the Provider-Enrollee ratios requirements per Medicare county classifications.

2.3 Network Adequacy Template

The *Network Adequacy Template* (NA Template) is a CCIIO template. This document does not provide detailed guidance on how to complete this ECP/NA Template. Please refer to appropriate CMS/CCIIO [documentation](#) for details.

This NA Template provides all practicing locations of providers (one row for every practicing location for each NPI). This data is crucial for geo-analysis and other checks within AID's NA program. Among other details, it is important to accurately attribute each NPI as either an individual provider or a facility within this NA Template.

2.5 Service Area Template

The *Service Area Template* is a federal template. AID's implementation of NA requires this template irrespective of whether the plan is in the marketplace or not. This document does not provide detailed guidance on how to complete this Federal template. Please refer to appropriate CMS/CCIIO [documentation](#) for details.

This template displays the geographical area the plans within a binder intend to cover. Some plans may service the entire state while some may service limited parts of the state and this template communicates this information.

2.6 Network ID template

The *Network ID Template* is a Federal template. AID requires this template for its implementation of its NA program. **If the issuer reports multiple networks within a binder, besides giving the networks in this template some unique identification (for example: ARN001, ARN002 etc.), the data rows in other templates used for network adequacy must identify the network id the data row belongs to.** Each of the templates have a column for Network ID to accommodate such a situation.

This document does not provide detailed guidance on how to complete this Federal template. Please carefully refer to appropriate CMS/CCIIO [documentation](#) for details. AID had observed frequent mistakes by new issuers understanding this particular template and have reported multiple Network IDs when it did not apply. Some issuers in the past had incorrectly reported each constituent contractor used to build their network with a different network id. If an issuer uses multiple contractors to build a network, and that aggregated network is used in all plans within the binder, the issuer needs to report



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that as one network with one network id. If the issuer has different networks covering different plans within the binder, the issuer should report the different networks with different network ids. Issuer should refer federal documentation for a complete understanding when multiple network IDs apply.

