16. Provider Network - INSTRUCTIONS FOR DATA TEMPLATE

Section 16 Provider Network requires Applicant to submit data for each proposed product's network. Some questions can be completed within the application in Proposal Tech while others require completion using this reporting template.

If data are not available for any of these questions, provide an explanation in the 'Reason' or 'Comments' section. Please report best available data and information for each proposed product's network.

Do not adjust the formatting or settings of the table and charts. This reporting template will be used in future years to conduct year over year comparisons.

The answers provided in this template are used to support the negotiation process between the Exchange and the Applicant and allow for cross-network compaisons and evaluations.

16.2.1 Network Strategy - Other

By rating region covered, provide the percentages of providers in capitated vs non-capitated arrangements:

	Direct Contract	Capitated	Other (explain in comments)	Comments
Region 1				
Region 2				
Region 3				
Region 4				
Region 5				
Region 6				
Region 7				
Region 8				
Region 9				
Region 10				
Region 11				
Region 12				
Region 13				
Region 14				
Region 15				
Region 16				
Region 17				
Region 18				
Region 19				

16.2.3 Network Stability - Other

Identify network providers terminated between January 1, 2019 and December 31, 2019

Identify the number of participating providers who have terminated from the provider network between January 1, 2019 and December 31, 2019, by rating region. Indicate reason for termination: non-agreement on rates, non-compliance with contract provisions, re-design of network or other (explain).

Name of Terminated Provider	Terminated By: (drop down menu)	Reason	Reinstated

16.2.3 Network Stability - Other

Identify Groups, clinics or health centers terminated between January 1, 2019 and December 31, 2019

Identify any dental groups, Federally Qualified Health Centers (FQHCs), dental clinics, or community clinics terminated between January 1, 2019 and December 31, 2019, including any that had a break in maintaining a continuous contract during this period. Indicate reason for termination: non-agreement on rates, non-compliance with contract provisions, re-design of network or other (explain).

Name of Terminated IPA/Medical Groups/Clinics	Terminated By: (drop down menu)	Reason	Reinstated

16.2.3 Network Stability - Other

Provide information on any known or anticipated potential network disruption that may affect Applicant's coverage year provider networks.

Provide information on any known or anticipated potential network disruption that may affect Applicant's 2021 Other provider networks. For example: list any pending terminations of dental groups or providers.

Rating Region	Name of Provider or Facility	Currently in negotiations for change?	Number of Affected On Exchange Members	Percent of Total On Exchange Members	Number of Affected Off Exchange Members	Percent of Total Off Exchange Members	Contract Change Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
		Total					