Chapter 7: Instructions for the Essential Community Providers Application Section

Contents

1. Overview

Qualified Health Plan (QHP) issuers are required to have a sufficient number and geographic distribution of essential community providers (ECPs), where available. Inclusion of a sufficient number of ECPs ensures reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in their service areas, as described in 45 *Code of Federal Regulations* (CFR) 156.235. The Centers for Medicare & Medicaid Services (CMS) has established two ECP standards for issuer ECP submissions: the general ECP standard and the alternate ECP standard:

1. <u>General ECP standard</u>.—General ECP standard issuers are asked to demonstrate in their QHP application that at least 30 percent of available ECPs in each plan's service area participate in the plan's network. This standard applies to all QHP issuers except those that qualify for the alternate ECP standard.

2. <u>Alternate ECP standard</u>.—Alternate ECP standard issuers are asked to demonstrate in their QHP application that they have the same number of ECPs as defined in the general ECP standard (calculated as 30 percent of the ECPs in the issuer service area), but the ECPs should be located within or contiguous to Health Professional Shortage Areas (HPSAs) or 5-digit ZIP codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level (FPL). CMS defines an alternate ECP standard issuer as one that provides a majority of covered professional services through physicians they employ or through a single contracted medical group.

2. Purpose

This chapter guides issuers through completing the ECP section of their QHP Application.

3. Essential Community Providers Template Data Requirements

To complete this section, you need the following:

1. Health Insurance Oversight System (HIOS) Issuer ID

2. Issuer state

3. A list of ECPs included in each of the proposed networks, including provider name, street address, associated issuer network ID number, and National Provider Identifier (NPI), if available.

4. Application Instructions

In this section of the QHP Application, issuers identify the ECPs in each of the networks used in their service areas. The Department of Health and Human Services (HHS) has compiled a non-exhaustive list of available ECPs, based on data it and other federal agencies maintain, which should be used as an initial source of ECP information. The ECP list can be found at http://cciio.cms.gov/programs/exchanges/qhp.html.

The ECP section of the QHP Application is composed of three parts:

1. A template for identifying contracted ECPs in the issuer's service area

2. An attestation to be completed in the Issuer module of the QHP Application system

3. An ECP Supplemental Response form, as applicable.

Figure 7-1 shows key items in these instructions for completing the ECP section.

Figure 7-1. ECP Section Highlights

- The latest version of the ECP template is available at http://cciio.cms.gov/programs/exchanges/qhp.html. Using the correct template version is critical to completing the ECP section of QHP application. The 2015 version of the ECP template shows the 2015 in the header row of the template.

- To initiate the template to allow data entry, enable template macros using the **Options** button on the Security Warning toolbar, and select **Enable this content**.

- If you are a registered HIOS user, your template may have some pre-populated fields that are highlighted in yellow and cannot be changed.

- If you are a stand-alone dental plan issuer, see the Stand-Alone Dental Plan Instructions for guidance on completing this section.

(continued on next page)

- To complete the ECP section of the QHP Application, do the following:

  1. Complete the ECP template.

  2. Respond to the ECP attestation in the Issuer module of the QHP Application system about the need for an ECP Supplemental Response form, as applicable.

  3. Complete and submit the ECP Supplemental Response form, as applicable.

- All header fields in the template marked with an asterisk (*) are required.

- All state values must be selected from the drop-down menu.

- General ECP standard issuers must select N/A for *Provider Type* and use the *ECP Category* to identify ECPs.

- Alternate ECP standard issuers must select N/A for *ECP Category* and use the *Provider Type* to identify ECPs.

- When entering an ECP with multiple locations but the same provider name, append the provider name with a unique three-digit number for each location, such as Provider-001.

- When entering network IDs into the ECP template, you must assign networks the same numbers as those assigned in the Network ID and Plans & Benefits Templates.

All issuers must complete the ECP Template and submit any required supporting documentation. When the template is completed, issuers must upload it, complete the ECP attestation (shown below) in the Issuer module of the QHP Application System, and, if applicable, upload the ECP Supplemental Response form.

4.1 Template Instructions

Using the templates downloaded from the Issuer module of the QHP Application system, follow the instructions below to complete the ECP Template.

Part A: Template Instructions for General ECP Standard Issuers. These instructions apply to all issuers that do not qualify for the alternate ECP standard described in 45 CFR 156.235(b). (Alternate ECP standard issuers should use *Instructions for Alternate ECP Standard Issuers* in Part B of the Template Instructions.) Figure 7-2 shows a sample completed ECP Template for a general ECP standard issuer.
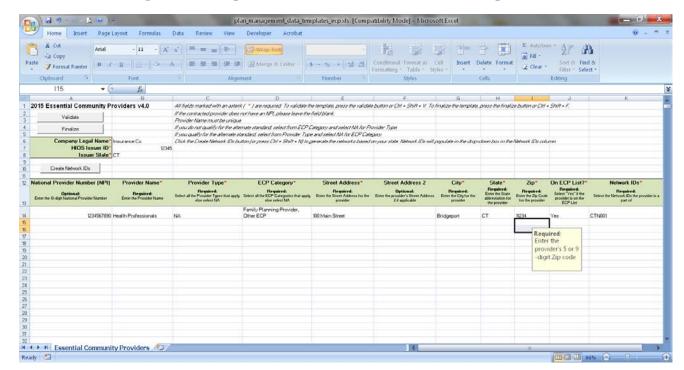
Figure 7-2. Completed General ECP Standard Issuer Template

Complete the following required fields in the ECP Template for each contracted ECP in your networks. Enter each provider site as a new ECP. If the ECP is on the HHS non-exhaustive ECP list, enter the ECP as listed. If the ECP information in the ECP list is incorrect (for example, the provider's name is spelled incorrectly or an address is incorrect), input the correct information into the ECP Template.

1. Enable template macros using the **Options** button on the Security Warning toolbar, and select **Enable this content**. If macros are not enabled before entering data, the template will not recognize your data and you will have to reenter it.

2. *Company Legal Name* (required). Enter the company legal name as identified on the Administrative Template.

3. *HIOS Issuer ID* (required). Enter your five-digit HIOS issuer ID, if not prepopulated.

4. *Issuer State* (required). Select the state for which you are applying using the drop-down menu.

5. *National Provider Identifier (NPI)* (as applicable). If the provider has an NPI, enter the provider's NPI in Column A. If no NPI is available, leave the NPI field blank.

6. *Provider Name* (required). Enter the name of the contracted provider. If the ECP has multiple locations using the same provider name, add a number to the provider name to distinguish each location, for example, Provider Name-001.

7. *Provider Type* (required). Select **N/A**. General ECP standard issuers must instead use the ECP category column to identify ECP type.

8. *ECP Category* (required). Select all categories that describe the services available from the contracted provider (Table 7-1). If the provider is listed on the HHS Non-Exhaustive ECP list, enter the ECP categories that appear in the database. For example, if the contracted provider is a Federally Qualified Health Center (FQHC) that is also a Ryan White HIV/AIDS provider, select <u>both</u> the **FQHC** and **Ryan White Provider** categories.

   Although one ECP can count under multiple ECP categories for purposes of satisfying the ECP category criterion, an ECP with only one location or address can count only once toward satisfying the 30 percent ECP criterion of the general ECP standard.

<p align="center">Table 7-1. ECP Categories and ECP Provider Types</p>

Major ECP Category	ECP Provider Types
Federally Qualified Health Center (FQHC)	FQHC and FQHC "look-alike" clinics, outpatient health programs/facilities operated by Indian tribes, tribal organizations, programs operated by urban Indian organizations
Ryan White Provider	Ryan White HIV/AIDS program providers
Family Planning Provider	Title X family planning clinics and Title X "look-alike" family planning clinics
Indian Health Provider	Indian Health Service (IHS) providers, Indian tribes, tribal organizations, and urban Indian organizations
Hospital	Disproportionate share hospital (DSH) and DSH-eligible hospitals, children's hospitals, rural referral centers, sole community hospitals, free-standing cancer centers, critical access hospitals
Other ECP Provider	STD clinics, TB clinics, hemophilia treatment centers, black lung clinics, and other entities that serve predominantly low-income, medically underserved individuals

9. *Street Address* (required). Enter the street address of the contracted provider. If the contracted provider has multiple sites, enter each location.

10. *Street Address 2* (optional). Enter additional street address information, as applicable.

11. *City* (required). Enter the city where the contracted provider is located. If the contracted provider has multiple sites, enter each location in the ECP Template.

12. *State* (required). Enter the state where the contracted provider is located.

13. *Zip* (required). Enter the ZIP code where the contracted provider is located. If the contracted provider has multiple sites, enter each location in the ECP Template.

14. *On ECP List?* (required). If the contracted provider appears on the HHS Non-Exhaustive ECP list, select **Yes**. If you are writing in an ECP not found on the HHS Non-Exhaustive ECP list, select **No**.

To write in a provider not on the HHS Non-Exhaustive ECP list, provide the following information in the ECP Template for each write-in:

- NPI number, as applicable

- The provider's street address (PO box is not sufficient). Write-ins should not include individual providers if they share the same group or company address; instead list the group or company name and address.

For 2015, ECP write-ins are added to both the network and service area ECP calculation (the numerator and denominator) when determining whether the issuer has satisfied the 30 percent ECP standard criterion.

15. *Network IDs* (required). **When entering Network IDs, you must assign networks the same numbers as those assigned in the Network and Plans & Benefits Templates.**

   a. Click the **Create Network IDs** button at the top of the ECP Template. Enter the issuer's total number of networks; the template adds Network IDs to the Network ID drop-down menu.

   b. Use the drop-down menu to select all of the Network IDs that correspond to the networks in the Network Template in which the ECP is included.

16. Click the **Validate** button in the template. The template identifies any data issues that require attention. Resolve any identified errors and click **Validate** again. Repeat until all errors are resolved.

17. Click the **Finalize** button in the template to create the template document to be uploaded. This function creates the XML file that you will upload with your QHP application.

18. Save the XML file using your default drive or store the file where you will be able to find it to upload to the Issuer Module of the QHP Application system. We also recommend saving the template to your hard drive in its original XLSM format so that you can retrieve it should you need to modify your template data.

19. You are now ready to upload your ECP data to your QHP application.

Part B: Template Instructions for Alternate ECP Standard Issuers. These instructions apply to issuers that qualify for the alternate ECP standard described in 45 CFR 156.235(b). Alternate ECP standard issuers provide the majority of covered professional services through physicians they employ or through a single contracted medical group. Figure 7-3 shows a sample completed ECP Template for an alternate standard issuer.
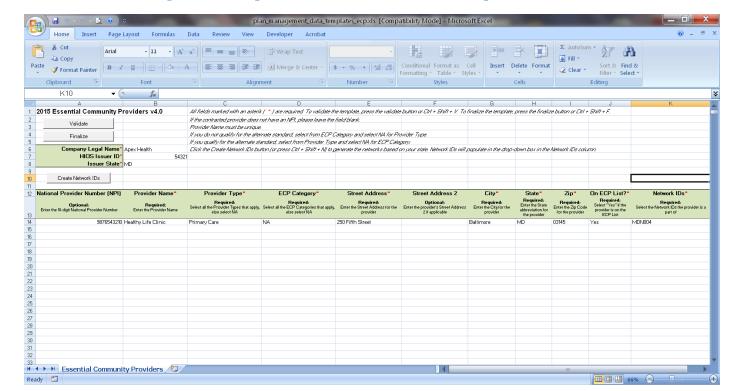
Figure 7-3. Completed Alternate ECP Standard Template

Complete the following required fields in the ECP Template for each network provider that is located in or contiguous to HPSAs or ZIP codes in which 30 percent or more of the population falls below 200 percent of the FPL. To complete the template, enter the provider sites for such providers; enter each provider site as a new ECP. A database of HPSA and ZIP codes in which 30 percent or more of the population falls below 200 percent of FPL is available at http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html.

1. Enable template macros using the **Options** button on the Security Warning toolbar, and select **Enable this content**. If macros are not enabled before entering data, the template will not recognize your data and you will have to reenter it.

2. *Company Legal Name* (required). Enter the company legal name as identified on the Administrative Template.

3. *HIOS Issuer ID* (required). Enter your five-digit HIOS issuer ID, if not prepopulated.

4. *Issuer State* (required). Select the state for which you are applying using the drop-down menu.

5. *National Provider Identifier (NPI)* (optional). If the provider has an NPI, enter the provider's NPI in Column A. If no NPI is available, leave the NPI field blank.

6. *Provider Name* (required). Enter the name of the provider location. If the ECP has multiple locations using the same provider name, add a number to the provider name to distinguish each location, for example, Provider Name-001.

7. *Provider Type* (required). For each provider located in or contiguous to HPSAs or low-income ZIP codes, enter the provider type (Table 7-2). For example, if the provider or facility is a clinic that provides primary care services, select **Primary Care**.

Table 7-2. Alternate ECP Standard Provider Types

Provider Types
Primary Care
Ancillary Care
Specialty Care
Hospital
Other

8. *ECP Category* (required). Select N/A. Alternate standard issuers must use *Provider Type* to identify providers.

9. *Street Address* (required). Enter the street address of the provider. If the provider has multiple sites, enter each location.

10. *Street Address 2* (optional). Enter additional street address information, as applicable.

11. *City* (required). Enter the city where the provider is located. If the provider has multiple sites, enter each location.

12. *State* (required). Enter the city where the provider is located.

13. *Zip* (required). Enter the ZIP code where the provider is located. If the provider has multiple sites, enter each location.

14. *On ECP List?* (required). If the provider appears on the HHS Non-Exhaustive ECP list, select **Yes**. Otherwise, select **No**.

15. *Network IDs* (required). **When entering Network IDs, you must assign networks the same numbers as those assigned in the Network and Plans & Benefits Templates.**

    a. Click the **Create Network IDs** button at the top of the template. Enter the issuer's total number of networks; the template adds Network IDs to the Network ID drop-down menu.

    b. Use the drop-down menu to select all of the Network IDs that correspond to the networks in the Network Template in which the ECP is included.

16. Click the **Validate** button in the template. The template identifies any data issues that require attention. Resolve any identified errors and click **Validate** again. Repeat until all errors are resolved.

17. Click the **Finalize** button in the template to create the template document to be uploaded. This function creates the XML file that you will upload with your QHP application.

18. Save the XML file using your default drive or store the file where you will be able to find it to upload to the Issuer Module of the QHP Application system. We also recommend saving the template to your hard drive in its original XLSM format so that you can retrieve it should you need to modify your template data.

19. You are now ready to upload your ECP data to your QHP application.

Part C: Template Instructions for Issuers Proposing Service Areas with No ECPs: In the unlikely event that you propose a service area without ECPs, enter the following values in the template to indicate you have no ECPs in the service area (you must enter this information to proceed with the rest of the application):

NPI:	Leave this field blank.
Provider Name:	Enter **Blank**.
Provider Type:	If the issuer qualifies for the alternate ECP standard, select **Ancillary Services**, otherwise select **N/A**.
ECP Type:	If the issuer is a standard issuer, select "**Other**," otherwise select **N/A**.
Street Address:	Enter **00000.**
City:	Enter **ZZZZZ.**
State:	Select the state in which the service area is located.
Zip Code:	Enter **00000.**
On ECP List:	Select **No.**
Network ID:	ID associated with the network that does not have an available ECP.

Enter these standard null values only if no ECPs are in your service area. Issuers with no ECPs in at least one network must provide the appropriate supporting documentation.

4.2 Supporting Documentation Instructions
Part A: Supporting Documentation Instructions for General ECP Standard Issuers: These instructions apply to all issuers that <u>do not</u> qualify for the alternate ECP standard described in 45 CFR 156.235(b). (Alternate ECP standard issuers should use the Instructions for Alternate ECP Standard Issuers in Part B of the Supporting Documentation Instructions.)

To determine whether an ECP Supplemental Response form is required,[1] use the following parameters:

> You do not need to submit an ECP Supplemental Response form if all of the following apply:

> a. You contract with at least 30 percent of the available ECPs in each applicable service areas.

> b. You offer a contract in good faith to all Indian health providers in each plan's service area (preferably, using the recommended model QHP Addendum for Indian Health Providers developed by HHS available at http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html).

> c. You offer a contract in good faith to at least one ECP in each available ECP category in each county in the service area.

Issuers that do meet all of the supplemental response parameters above must provide a Supplemental Response. Please indicate which portion of the general ECP standard was not met (check all that apply), and respond to each applicable question:

Instructions for Issuers Subject to the General ECP Standard	Instructions	Check all that apply
A. Does not offer a contract to all Indian health providers in the service area.	Complete Question #1	
B. Does not offer a contract to at least one ECP in each available ECP category in each county in the service area.	Complete Question #2	
C. Issuer's plan network does not include at least 30 percent of available ECPs in the service area.	Complete Questions #3-5	

1. The issuer does not offer a contract to all Indian health providers in the service area using the recommended Model Indian Addendum developed by HHS. How will the issuer's provider network(s), as currently structured, provide adequate access to care for American Indians/Alaska Natives?

2. The issuer does not offer a contract to at least one ECP in each available ECP category[2] in each county in the service area. How will the issuer's provider networks, as currently structured, provide access to a broad range of ECP types, including access for individuals with HIV/AIDS and individuals seeking women's health and reproductive health services?

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[1] A blank ECP Supplemental Response form is available at http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html, if needed.

[2] ECP categories include: federally qualified health centers; Ryan White providers; family planning providers; Indian health providers; hospitals; and other providers, such as STD clinics, TB clinics, and hemophilia treatment centers.

If the issuer plans do not include at least 30 percent of available ECPs in the service area, please respond to questions 3-5.

3. Describe why the issuer is unable to achieve the 30 percent standard for ECPs. The response should address the issuer's efforts to contract with additional ECPs (including provider information and contract offer dates, as applicable) and why those efforts have been unsuccessful. Please be as specific as possible in your response. Please be sure to indicate:

    a. Number of contracts offered to ECPs for the 2015 benefit year;

    b. Names of the ECP hospitals and FQHCs to which the issuer has offered contracts, but an agreement with the providers has not yet been reached. (For example, the issuer may want to indicate whether contract negotiations are still in progress or the extent to which the issuer was not able to agree on contract terms with available ECPs [and if so, which terms]).

4. Describe how the issuer plans to increase ECP participation in its provider networks in the future. Identify the number of additional contracts issuer expects to offer for the 2015 benefit year and the timeframe of those planned negotiations.

5. Describe how the issuer's provider networks, as currently structured, provide an adequate level of service for low-income and medically underserved individuals. Please be specific in your response.

    a. Describe how the issuer's current networks provide adequate access to care for individuals with HIV/AIDS and those with co-morbid behavioral health conditions.

    b. Describe how the issuer's current networks provide adequate access to care for American Indians and Alaska Natives.

    c. Describe how the issuer's current networks provide adequate access to care for low-income and underserved individuals seeking women's health and reproductive health services.

Part B*: Supporting Documentation Instructions for Alternate ECP Standard Issuers:* These instructions apply to issuers that qualify for the alternate ECP standard described in 45 CFR 156.235(b).

If the number of providers in each plan network is fewer than the equivalent of 30 percent of available ECPs in each plan service area, or providers are not located within or contiguous to HPSAs or zip codes in which 30 percent or more of the population falls below 200 percent of the FPL, then a supplemental response is required. Please respond to each question below.

1. Describe why the issuer's plan does not meet the equivalent of the 30 percent threshold, and any plans to provide additional access to low-income and medically underserved consumers in the future.

2. Describe how the issuer's provider networks, as currently structured, provide an adequate level of service for low-income medically underserved individuals. Please be specific in your response.

3. Describe how the issuer's current networks provide adequate access to care for individuals with HIV/AIDS and those with co-morbid behavioral health conditions.

4. Describe how the issuer's current networks provide adequate access to care for American Indians/Alaska Natives.

5. Describe how the issuer's current networks provide adequate access to care for low-income and underserved individuals seeking women's health and reproductive health services.