

Chapter 7: Instructions for the Essential Community Providers Application Section

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1. Overview

Qualified Health Plan (QHP), Stand Alone Dental Plan (SADP), and dual (both medical and dental) 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. General ECP standard. 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. Alternate ECP standard. 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 Health Professional Shortage Areas (HPSAs) or five-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 it employs or through a single contracted medical group.

Both QHP and SADP issuers are required to submit the ECP template as part of their QHP application. All of the instructions in this document apply to both QHP and SADP issuers.

2. Purpose

The purpose of the ECP section of the QHP application is to collect information that demonstrates that the issuer meets the requirement to have a sufficient number and geographic distribution of providers. 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, 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 non-exhaustive ECP list is refreshed annually near the beginning of the calendar year and is available 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

- Instructions for this chapter apply to both QHP and SADP issuers.
- Using the correct template versions is critical to completing the ECP section of the QHP application. The correct version of the ECP template shows 2016 in the banner. Download the latest version of the ECP template from <http://cciiio.cms.gov/programs/exchanges/qhp.html>.
- If you are a registered HIOS user, your template may have some pre-populated fields that are highlighted in yellow and cannot be changed.
- 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**. Please refer to Appendix C for information regarding enabling macros.
- 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 into the ECP template, issuers must enter the ECP information exactly as it appears on the CMS non-exhaustive list of available ECPs to ensure that you receive credit for ECPs selected from the ECP list.
 - For 2016, issuers should not append the three-digit number (used in previous plan years) to the provider name, as this will cause an error in the ECP tool indicating that the ECP(s) is not on the ECP list.
 - Any ECPs that do not match providers in the ECP list, including those that might contain a provider name with an appended number, will be treated as write-ins and must be located in a HPSA or low-income ZIP code to be included in the ECP threshold calculation.
- 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.
 - If you are a dual issuer, you must create separate Network IDs for your medical and dental plans.

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 in the Issuer module of the QHP Application System, and, if applicable, upload the ECP Supplemental Response form.

4.1 HIOS User Interface Instructions

All issuers must complete the ECP attestation (shown below) in the QHP Application System and, if applicable, upload an ECP supplemental response form if you do not meet the 30 percent ECP threshold.

1. Is the applicant required to upload a supplemental ECP response, as indicated in instructions, for any of its plans?
 - a. **Yes**—if applicant is required to upload an ECP supplemental response form.
 - b. **No**—if applicant is not required to upload a supplemental response form.

If **Yes**, the applicant will need to upload an ECP supplemental response form, which is located at <http://cciio.cms.gov/programs/exchanges/qhp.html>.

If **No**, the applicant is not required to upload a supplemental response form. A **No** response indicates that the applicant also attests that (1) it meets the safe harbor standard (as indicated in the Overview above), and (2) if it does not qualify for the alternate ECP standard under 45 CFR 156.235(b), it agrees that it will offer contracts to all Indian providers in the service area and at least one ECP in each available ECP category per county in the service area.

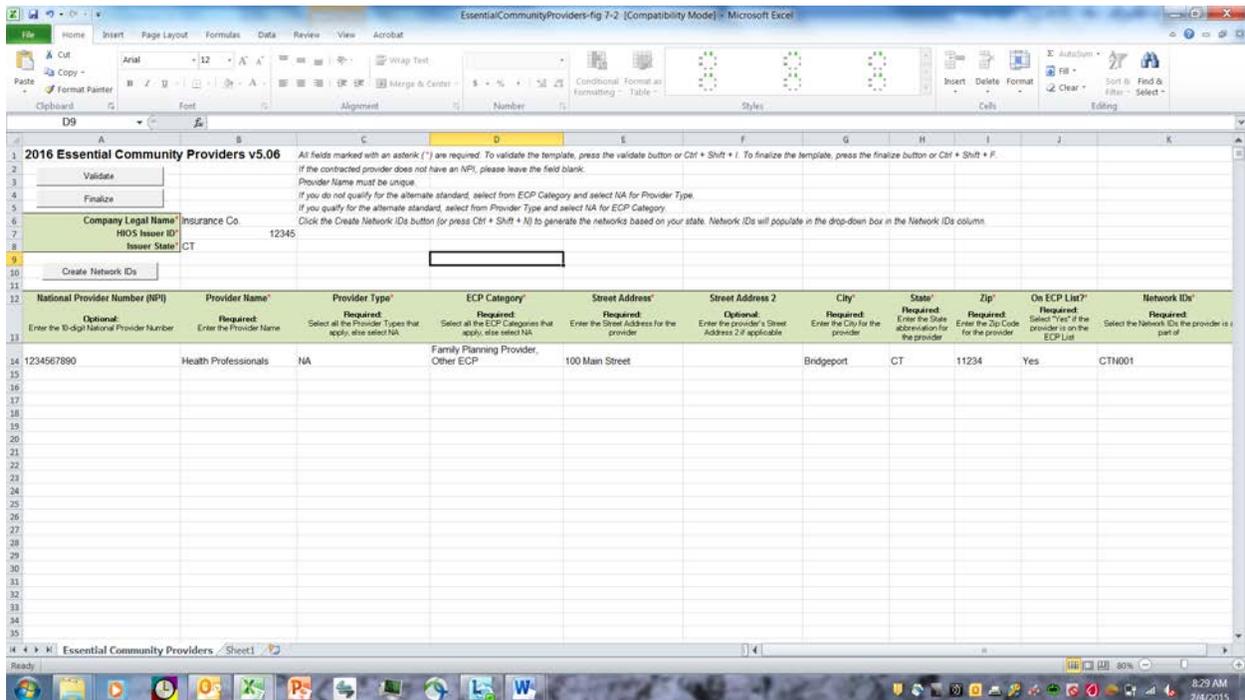
4.2 Template Instructions

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

4.2.1 Entering Data

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 (e.g., the provider’s name is spelled incorrectly or an address is incorrect), input the information on the ECP template as displayed on the HHS non-exhaustive ECP list to ensure that the ECP is not double-counted in the calculation of the number of available ECPs in the issuer’s service area when determining whether the 30 percent ECP threshold is met. If errors in the ECP listings prevent the issuer from achieving the 30 percent threshold, the issuer may note the incorrectly listed providers in its ECP Supplemental Response and describe why it is unable to meet the 30 percent ECP threshold.

To correct errors found in the HHS non-exhaustive ECP list, issuers should encourage providers to update any incorrect data with the federal partner that initially collected its data for the 340B program or to submit corrections to the ECP electronic mailbox (EssentialCommunityProviders@cms.hhs.gov) during the designated public comment period in response to the next publication of the draft ECP list. If you find that there are providers on the list that no longer offer ECP-type services, or that some of the locations are no longer valid, and you believe that you will be unable to satisfy the ECP requirement due to the loss of these ECPs, you may submit an ECP Supplemental Response with your QHP application, explaining why you are unable to comply with the ECP requirement. Any identified ECPs listed on the non-exhaustive HHS list determined to be closed will not count toward the denominator for issuer satisfaction of the 30 percent ECP inclusion standard.

To complete the ECP template as a general ECP standard issuer:

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. An NPI shared by multiple ECPs may be entered in the ECP template only once. Under such circumstances, the issuer should enter the NPI only once for the first location and leave the NPI field blank in the ECP template for additional ECPs that share the same NPI. ECPs that share the same NPI may only be counted toward the 30 percent ECP threshold and entered separately if each ECP has a unique street address.
6. *Provider Name* (required). Enter the name of the contracted provider as listed on the CMS non-exhaustive list of available ECPs. If your ECP is not on the CMS non-exhaustive list, you may enter it on the ECP template, and select "No" in the *On ECP List* column.

If an issuer contracts with an ECP that practices independently (i.e., not part of a larger corporate entity with whom the issuer has contracted), the issuer should include the ECP on its list of ECPs if the provider satisfies the definition of an ECP as described under CFR 156.235(c). Enter the name of the contracted provider as listed on the CMS non-exhaustive list of available ECPs. If your ECP is not on the CMS non-exhaustive list, you may enter it on the ECP template, and select "No" in the *On ECP List* column.

2016 Instruction Update: For 2016, issuers should not use the three-digit number (used in previous plan years) to identify additional locations for providers listed in the ECP list. This will cause an error in the ECP tool indicating that the ECP(s) are not on the ECP list. Any ECPs submitted with an appended number will be treated as a write-in. *Provider Type* (required). Select N/A. General ECP standard issuers must instead use the ECP category column to identify ECP type.

7. *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 both 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.

SADP and dual issuers should use “Other ECP” to populate the ECP template for dental carriers.

Table 7-1. ECP Categories and ECP Provider Types

Major ECP Category	ECP Provider Types
Federally Qualified Health Centers (FQHCs)	FQHC and FQHC “look-alike” clinics, outpatient health programs/facilities operated by Indian tribes, tribal organizations, and programs operated by urban Indian organizations
Ryan White Providers	Ryan White HIV/AIDS program providers
Family Planning Providers	Title X family planning clinics and Title X “look-alike” family planning clinics
Indian Health Care Providers	Indian Health Service providers, Indian tribes, tribal organizations, and urban Indian organizations
Hospitals	Disproportionate Share Hospital (DSH) and DSH-eligible hospitals, children’s hospitals, rural referral centers, sole community hospitals, free-standing cancer centers, and critical access hospitals
Other ECP Providers	Free-standing STD clinics, TB clinics, hemophilia treatment centers, black lung clinics, community mental health centers, rural health clinics, ¹ and other entities that serve predominantly low-income, medically underserved individuals

8. *Street Address* (required). Enter the street address of the contracted provider. If the contracted provider has multiple sites, enter each location at which the issuer has contracted with the provider.
9. *Street Address 2* (optional). Enter additional street address information, as applicable.
10. *City* (required). Enter the city where the contracted provider is located. If the contracted provider has multiple sites, enter each location at which the issuer has contracted with the provider.
11. *State* (required). Enter the state where the contracted provider is located.
12. *Zip* (required). Enter the ZIP code where the contracted provider is located. If the contracted provider has multiple sites, enter each location at which the issuer has contracted with the provider.
13. *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**.

CMS allows issuers to write in any providers that meet the regulatory definition of an essential community provider. The 2016 Letter to Issuers describes the providers that are

¹ Contingent on finalization of the 2016 PN/LTI.

currently eligible. 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:

- The provider’s ZIP code reflecting the provider location within a low-income ZIP code or HPSA included on the “Low-Income and Health Professional Shortage Area Zip Code Listing”²
- NPI number, as applicable
- The provider’s street address (P.O. 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.

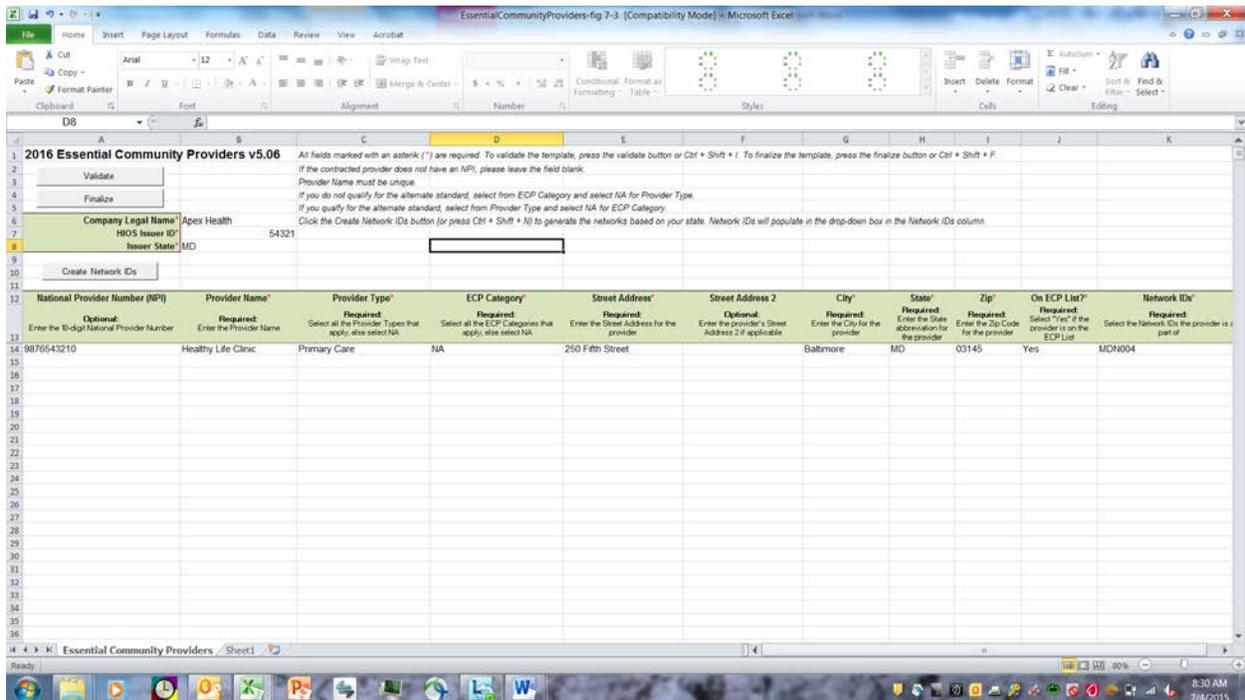
For 2016, ECP write-ins are added to both the network and service-area ECP calculation (the numerator and denominator) when determining whether the issuer has satisfied the 30 percent ECP standard criterion.

14. *Network IDs* (required). When entering Network IDs, you must assign networks the same numbers as those assigned in the Network and Plans & Benefits templates. If you are a dual issuer, you must create separate Network IDs for your medical and dental plans.
 - 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.

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 ECP standard issuer.

² “Low-Income and Health Professional Shortage Area (HPSA) Zip Code Listing,” available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.

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 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 the FPL is available at <http://www.cms.gov/ccii/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. An NPI shared by multiple ECPs may be entered in the ECP template only once. Under such circumstances, the issuer should enter the NPI only once for the first location and leave the NPI field blank in the ECP template for additional ECPs that share the same NPI. ECPs that share the same NPI may only be counted toward the 30 percent ECP threshold and entered separately if each ECP has a unique street address.

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 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 at which the issuer has contracted with the provider.
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 at which the issuer has contracted with the provider.
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 at which the issuer has contracted with the provider.
14. *On ECP List?* (required). If the 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**.
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. If you are a dual issuer, you must create separate Network IDs for your medical and dental plans.
 - 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.

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):

<i>NPI:</i>	Leave this field blank.
<i>Provider Name:</i>	Enter Blank .
<i>Provider Type:</i>	If the issuer qualifies for the alternate ECP standard, select Ancillary Services ; otherwise, select N/A .
<i>ECP Type:</i>	If the issuer is a general ECP standard issuer, select “ Other ”; otherwise, select N/A .
<i>Street Address:</i>	Enter 00000 .
<i>City:</i>	Enter ZZZZZ .
<i>State:</i>	Select the state in which the service area is located.
<i>Zip Code:</i>	Enter 00000 .
<i>On ECP List:</i>	Select No .
<i>Network ID:</i>	Enter an 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.

4.2.2 Finalizing Template

1. Click the **Validate** button in the top left of the template. The validation process will identify any data issues that need to be resolved. If no errors are identified proceed directly to the 3rd step.
2. If the template has any errors, a Validation Report will appear within a pop-up box indicating the data element and cell location of each error. Correct any identified errors and click **Validate** again. Continue this process until all errors are resolved. Once the template is valid, proceed to the next step.
3. Click the **Finalize** button in the template. The **Finalize** function creates the XML file of the template that you need to upload in the applicable QHP Application System.
4. **Save** the XML template. It is recommended you save the validated template to your computer as both a standard Excel.XLSM file, and the finalized.XML file on your local computer in the same folder that contains the template.
5. Upload the saved file in the ECP section of the Issuer Module of the QHP Application System.

4.3 Supporting Documentation and Justification Instructions

Part A: Supporting Documentation 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 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,³ 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 area. (Applicable to both QHP and SADP.)
- b. You offer a contract in good faith to all Indian health care providers in each plan’s service area, applying the special terms and conditions required by Federal law and regulations as referenced in the recommended model QHP Addendum for Indian Health Care Providers developed by HHS and available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>. (Applicable to both QHP and SADP issuers)
- 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. (Applicable to only QHPs.)

Issuers that do not 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. Note that criterion B is not applicable to SADP issuers:

Instructions for Issuers Subject to the General ECP Standard	Instructions	Applicable To	Check All That Apply
A. Does not offer a contract to all Indian health care providers in the service area	Complete Question #1	QHP and SADP issuers	
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	QHP issuers only	
C. Issuer’s plan network does not include at least 30 percent of available ECPs in the service area	Complete Questions #3–5	QHP and SADP issuers	

1. The issuer does not offer a contract to all Indian healthcare providers in the service area using the recommended Model Indian Addendum developed by HHS, or otherwise including the special terms and conditions necessitated by federal law and regulations as referenced in the recommended model QHP Addendum⁴ for Indian Health Care Providers developed by HHS. How will the issuer’s provider network(s), as currently structured, provide adequate access to care for American Indians/Alaska Natives?

³ A blank ECP Supplemental Response form is available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>, if needed.

⁴ The model QHP Addendum for Indian Health Care Providers is available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.

2. The issuer does not offer a contract to at least one ECP in each available ECP category⁵ in each county in the service area. How will the issuer's provider networks, as currently structured, provide access to the types of services provided by each of the ECP category types, including federally qualified health centers, Ryan White HIV/AIDS providers, family planning providers, Indian health care providers, hospitals, and other ECP types, such as STD clinics, TB clinics, black lung clinics, rural health clinics, community mental health centers and other entities that serve predominantly low-income, medically underserved individuals?

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. Be sure to indicate the following:
 - a. The number of contracts offered to ECPs for the 2016 benefit year.
 - b. The names of the ECP hospitals, FQHCs, Ryan White HIV/AIDS providers, family planning providers, Indian healthcare providers, hospitals, and other ECP types, such as STD clinics, TB clinics, black lung clinics, rural health clinics, and community mental health centers 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 the issuer expects to offer for the 2016 benefit year and the time frame 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, including access to federally qualified health centers, Ryan White HIV/AIDS providers, family planning providers, Indian healthcare providers, hospitals, and other ECP types, such as STD clinics, TB clinics, black lung clinics, rural health clinics, and community mental health centers. Please be specific in your response.

⁵ ECP categories include federally qualified health centers, Ryan White HIV/AIDS providers, family planning providers, Indian healthcare providers, hospitals, children's hospitals, free-standing cancer centers, rural health clinics, community mental health centers, hemophilia treatment centers, and other providers, such as STD clinics, TB clinics, black lung clinics, and other entities that serve predominantly low-income, medically underserved individuals.

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).

To determine whether an ECP Supplemental Response form is required,⁶ use the following parameters:

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

- a. You offer an integrated delivery system that provides all of the categories of services provided by entities in each of the ECP categories⁷ in each county in the plan's service area as outlined in the general ECP standard; or otherwise offer a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area that can provide those services to low-income, medically underserved individuals. (Applicable to only QHP issuers only.)⁸
- b. You include in each plan network at least the equivalent of 30 percent of available ECPs in each plan service area, and these providers are located within HPSAs or ZIP codes in which 30 percent or more of the population falls below 200 percent of the FPL. (Applicable to both QHP and SADP issuers.)

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

⁶ A blank ECP Supplemental Response form is available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>, if needed.

⁷ 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, rural health clinics, community mental health centers, black lung clinics, and hemophilia treatment centers.

⁸ Contingent on finalization of the 2016 PN/LTI.

Instructions for Issuers Subject to the Alternate ECP Standard	Instructions	Applicable To	Check All That Apply
A. Does not offer an integrated delivery system that provides all of the categories of services provided by entities in each of the ECP categories ⁹ in each county in the plan's service area as outlined in the general ECP standard; or otherwise offer a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area that can provide those services to low-income, medically underserved individuals. ¹⁰	Complete Questions #1	QHPs = issuers only	
B. Issuer's plan network does not include at least the equivalent of 30 percent of available ECPs in the service area, and these providers are located within HPSAs or ZIP codes in which 30 percent or more of the population falls below 200 percent of the FPL.	Complete Questions #2-3	QHP and SADP issuers	

1. Describe why the issuer's integrated delivery system does not provide all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard; or otherwise does not offer a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area that can provide those services to low-income, medically underserved individuals.
2. 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.
3. Describe how the issuer's provider networks, as currently structured, provide an adequate level of service for low-income, medically underserved individuals, including access to federally qualified health centers, Ryan White HIV/AIDS providers, family planning providers, Indian healthcare providers, hospitals, and other ECP types, such as STD clinics, TB clinics, black lung clinics, rural health clinics, and community mental health centers. Please be specific in your response.

⁹ 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, rural health clinics, community mental health centers, black lung clinics, and hemophilia treatment centers.

¹⁰ Contingent on finalization of the 2016 PN/LTI.