

Chapter 7: Instructions for the Essential Community Providers Application Section

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1. Overview

The Centers for Medicare & Medicaid Services (CMS) requires Qualified Health Plan (QHP) issuers to have a sufficient number and geographic distribution of essential community providers (ECPs) in their service areas, 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, as described in 45 *Code of Federal Regulations* (CFR) 156.235. CMS has established two ECP standards for issuer ECP submissions, the general ECP standard and the alternate ECP standard.

General ECP standard. General ECP standard issuers should demonstrate in their QHP Applications that they

- contract with at least 30 percent of available ECPs in each plan’s service area to participate in the plan’s provider network;
- offer contracts in good faith¹ to all available Indian health care providers in the service area, including the Indian Health Service, Indian Tribes, Tribal organizations, and urban Indian organizations, applying the special terms and conditions necessitated by Federal

¹ To be offered in good faith, an issuer should offer contract terms comparable to terms that it offers to a similarly situated non-ECP provider, except for terms that would not be applicable to an ECP, such as by virtue of the type of services that an ECP provides. CMS expects issuers to be able to provide verification of such offers if it asks to verify compliance with the policy.

law and regulations as referenced in the recommended model QHP Addendum² for Indian health care providers developed by CMS; and

- offer contracts in good faith to at least one ECP in each ECP category in each county in the service area, where an ECP in that category is available and provides medical or dental services that are covered by the issuer plan type.

Alternate ECP standard. 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. Alternate ECP standard issuers should demonstrate in their QHP Applications that they

- include within their provider network the same number of ECPs as defined in the general ECP standard (calculated as 30 percent of the available ECPs in the issuer's 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); and
- provide access to the same categories of services provided by entities in each of the ECP categories in each county in the plan's service area as issuers that qualify for the general ECP standard.

Changes for Plan Year 2017

On December 9, 2015, the Department of Health and Human Services (HHS) launched its ECP petition initiative for plan year (PY) 2017 to give providers an opportunity to request to be added to the ECP list, to update their provider data, and to submit any missing provider data.³ The 2017 ECP list includes updated provider data received directly from providers who meet the definition of an ECP under 45 CFR 156.235 and who submitted a petition through the ECP petition process before the PY 2017 petition deadline of January 15, 2016. The Final HHS Non-Exhaustive List of ECPs for PY 2017 is available at <http://cciio.cms.gov/programs/exchanges/qhp.html> under "Other Qualified Health Plan Application Resources." The ECP petition process will remain open through August 22, 2016, for providers wishing to be added to the PY 2018 ECP list or to update their information that appears on the PY 2017 ECP list. Providers who submit petitions after the PY 2017 deadline of January 15, 2016, but before the August 22, 2016, deadline, will be available to issuers as ECP write-ins.

Updates to Write-In Policy

In previous years, issuers were allowed to write-in ECPs not listed on the HHS non-exhaustive ECP list for credit toward the ECP standard. Any ECP write-ins were counted toward satisfaction of the ECP standard only for the issuer that added them to its ECP Template. For PY 2017, CMS has established a conditional ECP write-in process that allows an issuer to count its

² The model QHP Addendum for Indian health care providers is available at: <http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.

³ The web-based ECP petition is available at: https://data.healthcare.gov/cciio/ecp_petition.

qualified ECP write-ins toward satisfaction of the 30 percent ECP standard, as long as the issuer arranges for the written-in provider to submit an ECP petition to CMS by no later than August 22, 2016, and the issuer includes such providers on its ECP Write-in Worksheet as a supporting document within its QHP Application. In order for issuers to know which providers are available for write-ins, HHS will be releasing updated versions of the PY 2017 Available ECP Write-in List approximately 2 weeks prior to each QHP certification Application submission round.

General ECP standard issuer write-ins. For general ECP standard issuers, only those providers who are listed in the PY 2017 Available ECP Write-in List will count as a qualified ECP write-in toward an issuer’s satisfaction of the ECP standard. Any ECP included in an issuer’s ECP Write-in Worksheet but not included on the PY 2017 Available ECP Write-in List will not be included in the issuer’s ECP review.

Alternate ECP standard issuer write-ins. Issuers qualify for the alternate standard (as defined in 45 CFR 156.235) by providing the majority (51 percent or greater) of their covered professional services through employed practitioners or a single contracted medical group. CMS would not expect practitioners employed by alternate standard issuers to submit an ECP petition for inclusion on the ECP Write-in List because they are presumably unavailable to contract with other issuers. CMS will review any ECP write-ins submitted by alternate ECP standard issuers that do not have an ECP petition on file to confirm they are employed directly by the alternate ECP standard issuer or part of the issuer’s single contracted medical group. Any ECP write-ins submitted by alternate standard issuers that are available to contract with other issuers will be treated in the same fashion as general standard issuer write-ins, meaning that the provider must have submitted an ECP petition to count toward the alternate ECP standard issuer’s satisfaction of the ECP standard.

HHS will be releasing the PY 2017 Available ECP Write-in List approximately 2 weeks prior to each QHP certification submission cycle (see timeline in Table 7-1). The PY 2017 Available ECP Write-in List will be made available at <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.

Table 7-1. Estimated Timeline for Release of PY 2017 Available ECP Write-in List

QHP certification submission round	Date of petition extract	Estimated publication date
Round 1	March 15	April 1
Round 2	May 16	June 1
Round 3	July 11	July 25
Final Deadline	August 22	August 23

2. Purpose

The purpose of the ECP section of the QHP Application is to collect information that demonstrates that the issuer meets the requirement of having a sufficient number and geographic distribution of providers. This chapter guides issuers through the process of completing the ECP

section of their QHP Application. The instructions in this document apply to QHP and stand-alone dental plan (SADP) issuers.

3. ECP Data Requirements

To complete the ECP section of the QHP Application, issuers need the following information:

1. Health Insurance Oversight System (HIOS) Issuer ID
2. Issuer state
3. A list of ECPs included in each of the proposed networks, including National Provider Identifier (NPI), provider name, street address and county, number of contracted providers, and associated issuer Network ID.

4. Application Instructions

In this section of the QHP Application, issuers identify the ECPs in each of the networks used in their service areas. HHS has compiled a non-exhaustive list of available ECPs. Providers included on the HHS Final PY 2017 ECP list were included in one of the verified data sets from our federal partners (i.e., the Health Resources and Services Administration, the Indian Health Service, and the Office of the Assistant Secretary for Health/Office of Population Affairs) as reflected on the Draft 2017 ECP List, or they were among the providers who submitted an ECP petition by January 15, 2016, to be added to the ECP list for benefit year 2017 and were approved by CMS through the ECP petition review process. Any ECP included on an issuer's ECP/Network Adequacy Template that matches a provider on the Final PY 2017 HHS non-exhaustive ECP list (based on a match of the combination of NPI, provider name, and site address) will count toward the issuer's satisfaction of the ECP standard. The Final HHS Non-exhaustive List of ECPs for PY 2017 is available at <http://cciio.cms.gov/programs/exchanges/qhp.html> under "Other Qualified Health Plan Application Resources."

The ECP portion of the ECP/Network Adequacy section of the QHP Application System is composed of four parts:

1. Respond to the ECP attestation in the ECP/Network Adequacy section of the Issuer Module of the QHP Application System
2. Complete the ECP/Network Adequacy Template
3. Complete the ECP Write-in Worksheet, as applicable
4. Complete the ECP Supplemental Response form, as applicable.

Figure 7-1 identifies key information needed when completing the ECP section of the QHP Application.

Figure 7-1. Highlights of the ECP Section of the QHP Application

- The instructions in this chapter apply to both QHP and SADP issuers.
- To complete the ECP/Network Adequacy section of the QHP Application:
 - Respond to the ECP attestation in the ECP/Network Adequacy section of the Issuer Module of the QHP Application System.
 - Complete the ECP/Network Adequacy Template.
 - Complete the ECP Write-in Worksheet, as applicable.
 - Complete the ECP supplemental response form, as applicable.

4.1 Template Instructions

The instructions in this chapter describe the steps needed to complete the ECP portion of the ECP/Network Adequacy section of the QHP Application. For instructions on completing the Network Adequacy portion of the QHP Application, please refer to Chapter 6, “Instructions for the Network Adequacy Application Section.” For instructions on completing the ECP/Network Adequacy Template, refer to Chapter 18, “ECP/Network Adequacy Template Instructions.”

4.2 HIOS User Interface Instructions

All issuers must submit an ECP/Network Adequacy Template and ECP Write-in worksheet, if applicable. Issuers must also complete the ECP attestation (shown below) in the QHP Application System and, if applicable, upload an ECP supplemental response if any of the issuer’s networks 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.

The applicant must upload an ECP supplemental response form, available at <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.

- b. **No**—if applicant is not required to upload a supplemental response form.

The applicant is not required to upload a supplemental response form. A **No** response indicates that the applicant also attests that if it does not qualify for the alternate ECP standard under 45 CFR 156.235(b) and is not a SADP issuer, it agrees that (1) it will offer contracts to all Indian health care providers in the service area and (2) its networks have at least one ECP in each available ECP category per county in the service area.

4.3 Submitting ECP Write-Ins

In previous years, issuers were directed to enter their ECP write-ins directly into the ECP Template; however, for PY 2017, issuers should enter any qualified ECP write-ins only on the

ECP Write-in Worksheet available at <https://www.cms.gov/cciiio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>. Figure 7-2 shows a sample of the ECP Write-in Worksheet.

Figure 7-2. Sample of ECP Write-in Worksheet

Approved Write In Row Number*	Provider Name	Site Name*	Organization Name	National Provider Identifier*	ECP Category*	Number of Contracted MDs, DOs, PAs, NPs*	Number of Contracted DMDs and DDSs*	Site Street Address 1*	Site Street Address 2	Site City*	Site State*	Site ZIP
7												
8												
9												
10												
11												
12												
13												
14												
15												
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32												

4.3.1 Using the ECP Write-in Worksheet

To prepare the ECP Write-in Worksheet for first use:

1. Complete the Issuer Information section in the upper-left corner of the form.
 - a. *HIOS ID* (required). Enter the five-digit Health Insurance Oversight System (HIOS)-generated issuer identification (ID) number.
 - b. *Issuer State* (required). Enter the state in which you are licensed to offer plans..
 - c. “*Are you an Alternate standard issuer?*” (required). Select if you are an alternate standard issuer. Choose from the following:
 - a. **Yes**—the alternate ECP standard will be used to review the issuer’s ECP submission.
 - b. **No**—the general ECP standard will be used to review the issuer’s ECP submission.
2. Import Network IDs
 - a. Complete the 2017 Network ID Template and save it to the file location where it can be retrieved for later use. You should use the same Network ID Template that you used to complete the ECP/Network Adequacy Template.
 - b. Click the **Import Network IDs** button at the top of the form. Select the Network ID Template saved in step a. The network IDs will automatically be imported to the write-in form, and you will receive a message indicating that the network IDs were successfully added.

To complete the ECP Write-in Worksheet:

1. *Approved Write-in Row Number* (required). Enter the row number as it appears on the PY 2017 Available ECP Write-in List. For alternate standard issuers reporting ECPs employed by the issuer or as part of its single contracted medical group that are not required to submit an ECP provider petition, enter “NA”.
2. *Provider Name* (required). Enter the name of the contracted provider as it appears on the PY 2017 Available ECP Write-in List.
3. *Site Name* (required). Enter the site name as is appears on the PY 2017 Available ECP Write-in List.
4. *Organization Name* (required). Enter the organization name as it appears on the PY 2017 Available ECP Write-in List.
5. *National Provider Identifier (NPI)* (required). Enter the NPI as it appears on the PY 2017 Available ECP Write-in List.
6. *ECP Category* (required). Select all categories that describe the services available from the contracted provider. 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.
7. *Number of Contracted MDs, DOs, PAs, and NPs* (required). Enter the number of healthcare practitioner full-time equivalent (FTE) (MDs, DOs, PAs, and NPs) that the issuer has included in its identified provider networks for each ECP facility with which the issuer has contracted. For PY 2017, issuers may enter integer values only. Any fractional or decimal numbers entered should be rounded down to the next integer value. Note that the maximum FTE count entered by the issuer must be equal to or less than the integer value of available FTEs reported by the respective provider at the site location. Note, for PY 2017, if the number of FTEs assigned at the facility is fractional, round down to the previous sequential whole number (e.g., 2.5 FTEs should be entered as 2 FTEs).
8. *Number of Contracted DMDs and DDSs* (required). Enter the number of dental care practitioner FTEs (DMDs and DDSs) that the issuer has included in its identified provider networks for each ECP facility with which the issuer has contracted. For PY 2017, issuers may enter integer values only. Any fractional or decimal numbers entered should be rounded down to the next integer value. Note that the maximum FTE count entered by the issuer must be equal to or less than the integer value of available FTEs reported by the respective provider at the site location. Note, for PY 2017, if the number of FTEs assigned at the facility is fractional, round down to the previous sequential whole number (e.g., 2.5 FTEs should be entered as 2 FTEs).

9. *Site Street Address 1* (required). Enter the site street address of the contracted provider as it appears on the PY 2017 Available ECP Write-in List.
10. *Site Street Address 2*. Enter additional street address information as it appears on the PY 2017 Available ECP Write-in List, as applicable.
11. *Site City* (required). Enter the city as it appears on the PY 2017 Available ECP Write-in List.
12. *Site State* (required). Select the site state from the drop-down list, as it appears on the PY 2017 Available ECP Write-in List.
13. *Site Zip Code* (required). Enter the site ZIP code as it appears on the PY 2017 Available ECP Write-in List. For alternate standard issuers, all ECPs must be in an HPSA or low-income ZIP code.
14. *Site County* (required). Select the site county from the drop-down list, as it appears on the PY 2017 Available ECP Write-in List.
15. *Network ID(s)* (required). Use the drop-down menu to select the network IDs for the networks to which the ECP belongs.

4.3.2 Finalizing and Submitting the ECP Write-in Worksheet

1. Once all desired write-in ECPs are added to the worksheet, click the **Validate** button at the top of the worksheet. If there are errors identified, the worksheet will highlight the cells in red. Correct any errors and click **Validate** again. When all errors are corrected, a message will appear indicating that no validation errors were found.
2. You may now click the **Export** button at the top of the worksheet. A pop-up message will ask you to “Please select the folder where you would like the ECP write-in file to be saved.” Select the appropriate folder and hit “Select Folder” in the pop-up window. A .txt file containing the information from the ECP Write-in Worksheet is now saved at that location.
3. Submit the .txt file via the ECP/Network Adequacy Issuer Module application section within HIOS as a Supporting Document under the label “Other” supporting document.

4.4 Submitting Supplemental ECP Response Form 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,⁴ 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 issuers).
- b. You offer a contract in good faith to all Indian healthcare 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 section of the general ECP standard was not met (check all that apply), and respond to each applicable question (Table 7-2). Note that criterion B is not applicable to SADP issuers.

Table 7-2. Instructions for General ECP Standard

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 healthcare 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 Addendum for Indian Health Care

⁴ A blank ECP supplemental response form is available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>, if needed.

Providers⁵ 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 category⁶ 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 FQHCs, Ryan White HIV/AIDS providers, family planning providers, Indian healthcare providers, hospitals, and other ECP types such as sexually transmitted disease (STD) clinics, tuberculosis (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 2017 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 (e.g., 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 2017 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 FQHCs, Ryan White HIV/AIDS providers, family planning providers, Indian healthcare providers, hospitals, and other ECP types such as STD clinics, TB clinics,

⁵ 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>.

⁶ 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 sexually transmitted diseases (STD) clinics, tuberculosis (TB) clinics, black lung clinics, and other entities that serve predominantly low-income, medically underserved individuals.

black lung clinics, rural health clinics, and community mental health centers. Please be specific in your response.

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,⁷ 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 categories⁸ 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 QHP issuers only).
- 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 section of the alternate ECP standard was not met (check all that apply), and respond to each applicable question (Table 7-3). Note that criterion A is not applicable to SADP issuers.

⁷ A blank ECP supplemental response form is available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>, if needed.

⁸ ECP categories include FQHCs, Ryan White providers, family planning providers, Indian healthcare 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.

Table 7-3. Instructions for Alternate ECP Standard

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	Complete Question 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 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. Please be specific in your response.

For information on completing the ECP/Network Adequacy Template, please reference Chapter 18.

⁹ ECP categories include FQHCs, Ryan White providers, family planning providers, Indian healthcare 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.