

Chapter 7a: Supplementary Response: Inclusion of Essential Community Providers

Supplementary Response

Instructions for Submitting a Supplementary Response

Please answer the questions below regarding access to essential community providers (ECP) in the issuer’s proposed service area(s). Please be as complete and specific as possible in each of your responses. In order to be considered complete, the supplementary response must contain an appropriate explanation for each applicable question. Please note that if the issuer is applying in multiple service areas, the response should address each service area.

Issuers that do not qualify for the alternate ECP standard should complete Section 1. Issuers that qualify for the alternate ECP standard should complete Section 2.

Section 1: Instructions for Issuers Subject to the General ECP Standard

For issuers that qualify for the general ECP standard: Please indicate which portion of the general ECP standard the issuer does not meet (check all that apply), and respond to each applicable question:

Instructions for Issuers Subject to the General ECP	Instructions	Check All that Apply
A. Does not offer a contract to all Indian healthcare 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 healthcare providers in the service area, applying the special terms and conditions required by federal law and regulations as referenced in the recommended model qualified health plan (QHP) addendum for Indian health providers developed by the Department of Health and Human Services (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 category¹ 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?

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 2017 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 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. 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 comorbid 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.

¹ ECP categories include federally-qualified health centers (FQHCs); 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.

Section 2: Instructions for Issuers that Qualify for the Alternate ECP Standard

For issuers that qualify for the Alternate ECP standard: If the number of the issuer's providers that are located in Health Professional Shortage Areas (HPSA) or ZIP codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level is fewer than the equivalent of 30 percent of available ECPs in the service area, 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 why the issuer's integrated delivery system does not provide all of the categories of services provided by entities in each of the ECP categories² 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.
3. 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.
4. Describe how the issuer's current networks provide adequate access to care for individuals with HIV/AIDS and those with comorbid behavioral health conditions.
5. Describe how the issuer's current networks provide adequate access to care for American Indians/Alaska Natives.
6. 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.

² ECP categories include FQHCs; 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.