

Marketplace Plan Management

Issuer User | [Logout](#)

Issuer Dashboard

Plan Validation Workspace

QHP Applications

Application Tools

[Issuer Dashboard](#)

[Submission - 13535GA-2025-07](#)

Essential Community Providers

Essential Community Providers

Applicants must respond to all questions and provide essential community providers in order to complete this section.

Application	Plan Year
13535GA-2025-07	2025
Issuer	
13535 - GA - uat0/IMPL2/impl1bGuarantee Trust Life Insurance Company ACCENTURE . !@#\$^&*()_+_-./4356465765761	
Product Offering	Market Coverage Type
QHP & SADP	Individual Only

[← Return to Application Overview](#)

☒ ECP Introduction & Setup

☐ Select ECPs

No Network ID Template Imported From SERFF

Your state must transfer a Network ID template to edit Network ID data.

Select ECPs

You must add and complete ECP details.

Add ECPs

Remove ECPs

Write-In ECP

Search

Download ECPs (CSV)

ECP Reference Number	NPI	Site Street Address	Negotiation Status	Network ID	Status & Action
GA-025299	1811688914	100 Mitchell Rd Fort Oglethorpe, GA 30742-3683 Catoosa	<div></div>	No Network IDs available	Incomplete Edit Remove

Show

10

results per page

Back

Save

Save and Complete

Marketplace Plan Management

 Issuer User | [Logout](#)

- Issuer Dashboard
- Plan Validation Workspace
- QHP Applications
- Application Tools

[Issuer Dashboard](#) [Submission - 13535GA-2025-07](#) Essential Community Providers

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[← Return to Application Overview](#)

☒ **ECP Introduction & Setup**

☐ Select ECPs

Essential Community Providers (ECP) Introduction

All issuers must submit ECP information as part of their QHP Application. Issuers must have a sufficient number and geographic distribution of ECPs, where available, in accordance with 45 CFR 156.235.

Are you an Alternate ECP Standard Issuer?

To qualify as an Alternate ECP Standard Issuer you must provide the majority of covered professional services through physicians employed by the issuer or through a single contracted medical group.

- ☒ Yes
- ☐ No

Save and Next

Marketplace Plan Management

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|

[Logout](#)

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Application Tools

[Issuer Dashboard](#)

[Submission - 13535GA-2025-07](#)

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Product Offering
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Market Coverage Type
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[← Return to Application Overview](#)

ECP Introduction & Setup

☒ [Select ECPs](#)

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Write-In ECP

[✕ Close](#)

You must complete the ECP Details section to save the Write-In ECP, but it will not be complete until you provide Negotiation Status and Network ID.

ECP Details

Provider Site Name

Organization Name

National Provider Identifier (NPI)

ECP Categories

[Clear All](#)

Site Street Address 1

Site Street Address 2 (Optional)

Site State

Site County

Site City

Site Zip Code

HPSA ID (Optional)

Provider Contract Details

Negotiation Status

Once you select a negotiation status, additional required fields will display.

Network ID

[Clear All](#)