

Chapter 7: Instructions for the Essential Community Providers Application Section

Overview

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 will ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in their service areas (45 CFR 156.235).

Issuers that provide a majority of covered professional services through physicians they employ, or through a single contracted medical group, will instead be required to comply with the alternate standard. Under the alternate standard, the issuers must have a sufficient number and geographic distribution of employed providers and hospital facilities, or contracted medical group providers and hospital facilities, to ensure reasonable and timely access for low-income, medically underserved individuals in their service area. Table 7-1 shows the ECP standards that HHS will use to evaluate QHP Applications for the 2014 coverage year.

Table 7-1. ECP Standards

Description	Threshold	ECP Standard	Alternate ECP Standard
QHPs that meet this standard meet the regulatory standard without any further documentation or consultation with HHS.	Safe harbor standard	20% of available ECPs in the service area, <u>and</u> <ul style="list-style-type: none"> • Must agree to offer contracts to available Indian providers prior to the coverage year; and • Must agree to offer a contract to at least one ECP, if available, in each major ECP category,¹ in each county where plans will be offered prior to the coverage year. 	Number of provider sites located in a Health Professional Shortage Area (HPSA) or low-income zip code that is at least equal to the equivalent number of ECPs that would apply under the 20% safe harbor threshold.
QHPs that meet this standard will be determined to meet the regulatory standard, provided that the issuer submits as part of the QHP Application a satisfactory supplemental response. QHPs that do <u>not</u> meet the minimum expectation may have difficulty demonstrating compliance with the regulatory standard. Failure to achieve the regulatory standard is a basis for not certifying an issuer's QHPs.	Minimum expectation	10% of available ECPs in the service area, rounded up.	Number of provider sites located in a HPSA or low-income zip code that is at least equal to the equivalent number of ECPs that would apply under the 10% minimum expectation threshold.

¹ The ECP categories are Federally Qualified Health Center (FQHC), Hospital, Ryan White HIV Provider, Indian Provider, Family Planning Provider, and Other ECP.

In this section of the QHP Application, issuers identify the ECPs in each of their networks. HHS has compiled a non-exhaustive database of available ECPs, based on data it and other federal agencies maintain, which should be used to identify the ECPs in your network. The ECP database can be found at <http://cciio.cms.gov/programs/exchanges/qhp.html>.

Purpose

This chapter of the instructions guides you through completing the Essential Community Providers section of your QHP application.

Essential Community Providers Template Data Requirements

To complete this section, you need the following:

1. HIOS Issuer ID
2. Issuer State
3. A list of ECPs included in each of the proposed networks, including provider location name, address, associated issuer network ID number, NPI, if available.

Application Instructions

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 QHP Application System, and (3) a supplemental ECP response form, which issuers complete if applicable. Figure 7-1 identifies some key items to note when completing the ECP section.

Figure 7-1. ECP Section Highlights

- 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 certain fields that have already been populated. The pre-populated fields are highlighted in yellow on the template. Pre-populated fields cannot be changed.
- If you are a stand-alone dental plan issuer, please refer to the Stand-Alone Dental Plan Instructions for guidance on completing this section.
- To complete the ECP section of the QHP Application, you must: (1) Complete the ECP template; (2) Respond to the ECP attestation in the QHP Application System about the need for a supplemental response form; and (3) Complete and submit the supplemental response form, if applicable.
- All fields in the template marked with an asterisk (*) are required.
- All state values must be selected from the drop-down listing.

(continued on the next page)

- Standard issuers must select N/A for *Provider Type*, and use the *ECP Category* to identify ECPs.
- Alternate 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 3-digit number for each location, such as Provider-001.

All issuers must complete the ECP template, and any required supporting documentation. **When completed, issuers must upload the template, complete the ECP attestation (shown below) in the QHP Application System and, if applicable, upload the ECP supplemental response form.**

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>.

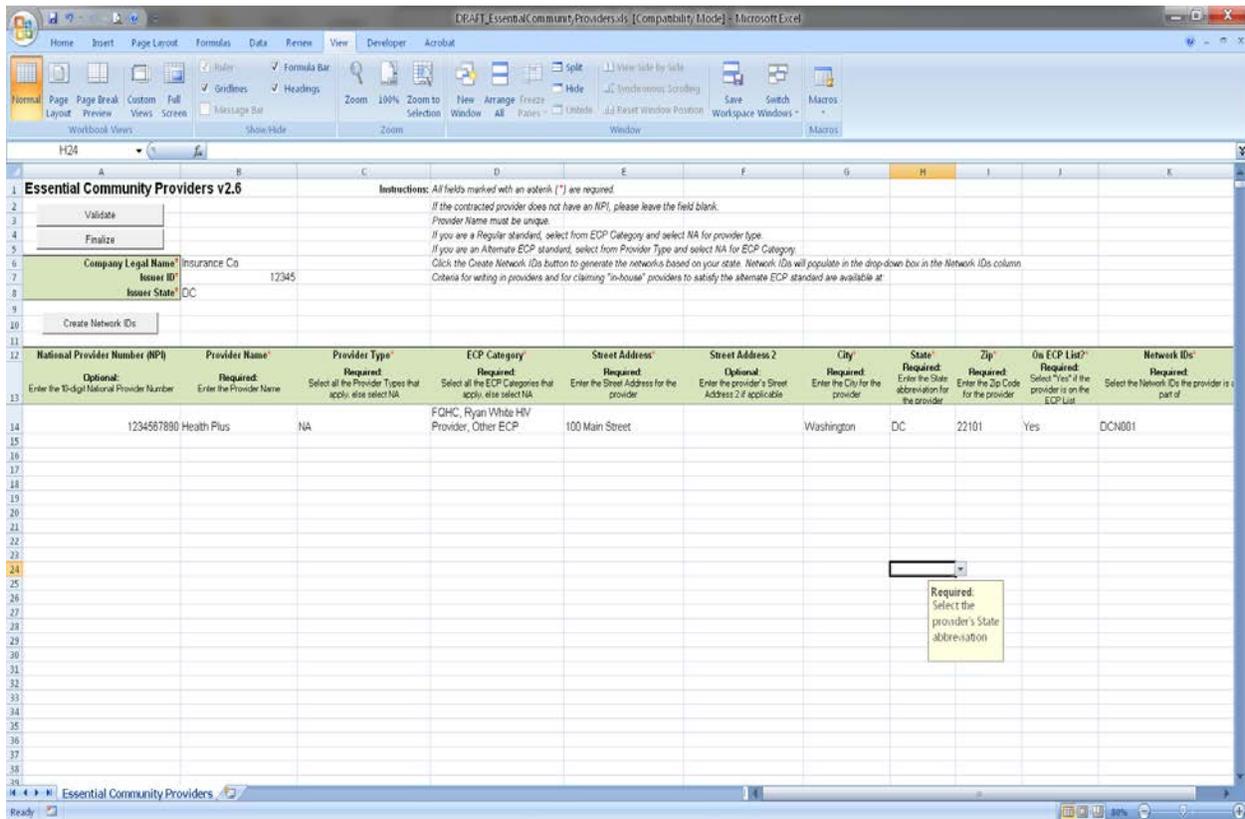
If **No**, the applicant is not required to upload a supplemental response form. A **No** response indicates that the applicant also attests that (1) it meets the safe harbor standard (as indicated in the Overview above), and (2) if it does not qualify for the alternate ECP standard under 45 CFR 156.235(b), 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.

Template Instructions

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

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

Figure 7-2. Completed Standard Issuer Template



Complete the following required fields in the ECP template for each contracted ECP in your networks. Enter each provider site as new ECP. If the ECP is listed in the HHS ECP database, enter the ECP as listed. If the ECP information provided in the database is incorrect (for example, the provider’s name contains a spelling error 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 prior to entering data, the template will not recognize your data and you will have to re-enter it.
2. *Company Legal Name* (required). Enter the company legal name as identified on the Administrative template.
3. *Issuer ID* (required). Enter your five digit HIOS issuer ID, if not pre-populated.
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 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-1.
7. *Provider type* (required). Select N/A. Standard issuers must use the ECP category to identify provider type.
8. *ECP category* (required). Select all categories that describe the services available from the contracted provider (Table 7-2). If the provider is listed in the HHS database, enter the ECP categories that appear in the database. For example, if the contracted provider is a FQHC that is also a Ryan White HIV/AIDS provider, select **FQHC** and **Ryan White Provider**.

Table 7-2. Standard Issuer ECP Categories and Providers

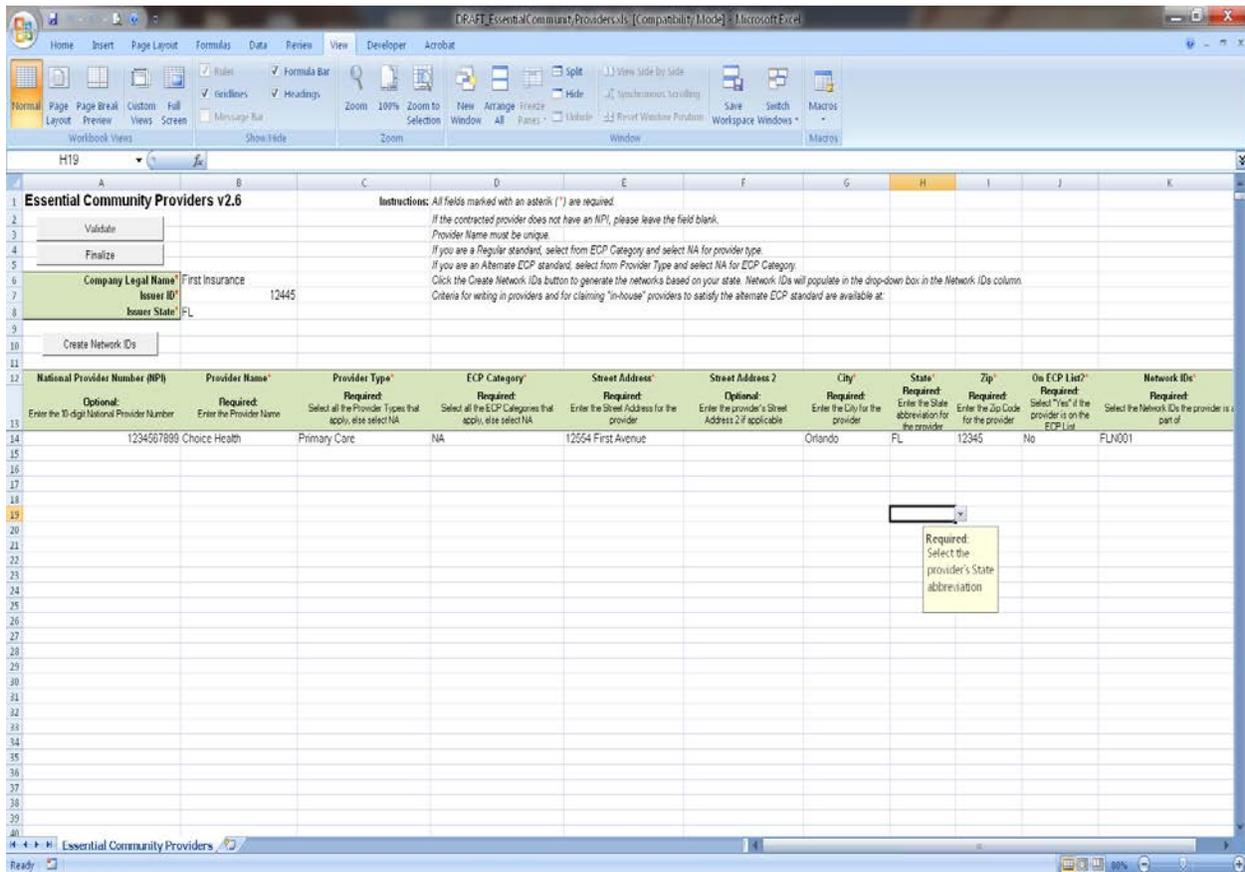
ECP Categories	ECP Providers
FQHC	FQHC and FQHC look-alike clinics, Native Hawaiian Health Centers
Ryan White Provider	Ryan White HIV/AIDS Providers
Family Planning Provider	Title X Family Planning Clinics and Title X Look-Alike Family Planning Clinics
Indian Provider	Tribal and Urban Indian Organization Providers
Hospital	Disproportionate Share Hospitals (DSH), Children's Hospitals, Rural Referral Centers, Sole Community Hospitals, Free-standing Cancer Centers, and Critical Access Hospitals
Other ECP Provider	Sexually Transmitted Disease (STD) Clinics, Tuberculosis (TB) Clinics, Hemophilia Treatment Centers, and Black Lung Clinics

9. *Street address* (required). Enter the street address of the contracted provider. If the contracted provider has multiple sites, complete an entry in the template for each location.
10. *City* (required). Enter the city where the contracted provider is located. If the contracted provider has multiple sites, complete an entry in the template for each location.
11. *Zip* (required). Enter the ZIP code where the contracted provider is located. If the contracted provider has multiple sites, complete an entry in the template for each location.
12. *On ECP list?* (required). If the contracted provider appears on the HHS ECP list, select **Yes**. If you are writing in an ECP not found on the HHS list, select **No**. (Limitations on write-ins apply. Write-ins must comply with HHS guidance, including HHS' 2014 Annual Letter.)

13. *Network IDs* (required). **When entering Network IDs, you must assign networks the same numbers as those assigned in the Network ID and Benefit templates.**
 - a. Click the **Create Network IDs** button at the top of the ECP template. Enter the issuer's total number of networks and the template will add Network IDs to the Network ID drop-down.
 - b. Use the drop-down list to select all of the Network IDs that correspond to the networks in the Network ID template in which the ECP is included.
14. Click the **Validate** button in the template. The template will identify any data issues that require attention. Resolve any identified errors and click **Validate** again. Repeat until all errors are resolved.
15. Click the **Finalize** button in the template to create template document to be uploaded.
16. Save the file using your default drive or store the file where you will be able to find it to upload to the QHP application.
17. Upload the template to the appropriate section of the QHP application. Upload the saved file in the Issuer module of the QHP Application System.

Part B: Template Instructions for Alternate Standard Issuers: These instructions apply to issuers that qualify for the alternate standard described at 45 CFR 156.235(b). Alternate standard issuers are those that provide a 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 Standard Template



Complete the following required fields in the ECP template for each provider in your networks 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 federal poverty level (FPL). To complete the template, enter the provider sites for such providers; each provider site should be entered as 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://cciio.cms.gov/programs/exchanges/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 prior to entering data, the template will not recognize your data and you will have to re-enter it.
2. *Company Legal Name* (required). Enter the company legal name as identified on the Administrative template.
3. *Issuer ID* (required). Enter your five digit HIOS issuer ID, if not pre-populated.
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 a national provider identifier, 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-1.
7. *Provider type* (required). For each provider located in or contiguous to HPSAs or low-income zip codes, enter the provider type (Table 7-3). For example, if the provider or facility is a clinic that provides primary care services, select **Primary Care**.

Table 7-3. Alternate 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, complete an entry in the template for each location.
10. *City* (required). Enter the city where the provider is located. If the provider has multiple sites, complete an entry in the template for each location.
11. *Zip* (required). Enter the ZIP code where the provider is located. If the provider has multiple sites, complete an entry in the template for each location.
12. *On ECP list?* (required). If the provider appears on the HHS ECP list, select **Yes**. Otherwise, select **No**.
13. *Network IDs* (required). **When entering Network IDs, you must assign networks the same numbers as those assigned in the Network ID and Benefit templates.**
 - a. Click the **Create Network IDs** button at the top of the ECP template. Enter the issuer’s total number of networks and the template will add Network IDs to the Network ID drop-down.
 - b. Use the drop-down list to select all of the Network IDs that correspond to the networks in the Network ID template in which the ECP is included.

14. Click the **Validate** button in the template. The template will identify any data issues that require attention. Resolve any identified errors and click **Validate** again. Repeat until all errors are resolved.
15. Click the **Finalize** button in the template to create the template document to be uploaded.
16. Save the file using your default drive or store the file where you will be able to find it to upload to the QHP Application System.
17. Upload the template to the appropriate section QHP application.

Part C: Template Instructions for Issuers Proposing Service Areas with No ECPs: In the unlikely event that an issuer proposes a service area without ECPs, the issuer should enter the values below into the template to indicate that it has no ECPs in the service area. The issuer must enter the following information to be able 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 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.

An issuer should only enter these standard null values if no ECPs are in the issuer’s service area. The issuer must also provide the appropriate supporting documentation.

Supporting Documentation Instructions

Part A: Supporting Documentation Instructions for Standard Issuers: These instructions apply to all issuers that **do not** qualify for the alternate standard described at 45 CFR 156.235(b). Alternate standard issuers should use Instructions for Alternate Standard Issuers provided in Part B of the Supporting Documentation Instructions.

To determine whether a supplemental ECP response form is required, use the following parameters. A blank supplemental response form is available at <http://cciio.cms.gov/programs/exchanges/qhp.html>, if needed.

1. The applicant does not need to submit a supplemental ECP response if all of the following apply:
 - a. The applicant contracts with at least 20 percent of available ECPs in the applicable service areas.

- b. The applicant will offer a contract to all Indian providers in the plan's service area before the beginning of the 2014 contract year, using the HHS-developed Indian Provider Addendum.
 - c. The applicant will offer a contract to at least one ECP in each available ECP category in each county in the service area before the beginning of the 2014 contract year.
2. If the applicant's service area meets the 20 percent threshold, but the applicant does **not** agree to offer contracts to all Indian providers in the plan's service area, the applicant must submit a supplemental response describing why it does not intend to do so and how the applicant's provider networks provide adequate access to care for American Indians and Alaska Natives.
 3. If the applicant's service area meets the 20 percent threshold, but the applicant does **not** agree to offer a contract to at least one ECP in each available ECP category in each county in the service area, submit a supplemental response describing how the applicant's provider networks provide access to a broad range of ECP types, including providers specializing in HIV/AIDS treatment and co-morbid behavioral health issues as well as providers of women's health and reproductive health services.
 4. If the applicant's plan does not meet the 20 percent threshold, the applicant must submit an ECP supplemental response that addresses each of the following:
 - a. Describe why the issuer is unable to achieve the 20 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. Applicants should be as specific as possible in your response. 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).
 - b. Describe how the issuer plans to increase ECP participation in its provider networks in the future. For example, the issuer may want to describe plans to offer contracts to additional ECPs or to modify current contract terms.
 - c. Describe how the issuer's provider networks, as currently structured, provide an adequate level of service for low-income and medically underserved individuals. Applicants should be specific in your response, as follows:
 - i. Describe how the issuer's current networks provide adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions).
 - ii. Describe how the issuer's current networks provide adequate access to care for American Indians and Alaska Natives.

- iii. 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 Standard Issuers: These instructions apply to issuers that qualify for the alternate standard described at 45 CFR 156.235(b).

To determine whether a supplemental ECP response form is required, use the following parameters. A blank supplemental response form is available at <http://cciio.cms.gov/programs/exchanges/qhp.html>, if needed.

1. The applicant does not need to submit a supplemental ECP response if the number of the applicant's providers locations that are in or contiguous to, HPSAs or low-income ZIP codes is greater than the equivalent number of ECPs that would apply under the 20 percent ECP threshold.
2. If the number of applicant provider locations that are in, or contiguous to, HPSAs or low-income ZIP codes is less than the equivalent number of ECPs that would apply under 20 percent threshold, the applicant must upload a supplemental ECP response and must address each of the following:
 - a. Describe why the issuer's plan does not meet the equivalent of the 20 percent threshold, and any plans to provide additional access to low-income and medically underserved consumers in the future.
 - b. Describe how the issuer's provider networks, as currently structured, provide an adequate level of service for low-income and medically underserved individuals. Applicant should be as specific as possible in your response.
 - c. Describe how the issuer's current networks provide adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions).
 - d. Describe how the issuer's current networks provide adequate access to care for American Indians and Alaska Natives.
 - e. 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.