Completing the Essential Community Providers Justification Form

Issuers seeking to offer qualified health plans (QHPs), including stand-alone dental plans (SADPs), on the Federally-facilitated Exchanges (FFEs) must submit a completed QHP Application per Centers for Medicare & Medicare Services (CMS) guidelines, including an Essential Community Provider/Network Adequacy (ECP/NA) Template.

An ECP is a medical or dental provider that serves predominantly low-income, medically underserved individuals. CMS has established two ECP standards for ECP submissions: the General ECP Standard and the Alternate ECP Standard.

For medical QHP issuers applying under the General ECP Standard, the applicant must satisfy the following requirements in accordance with 45 CFR 156.235 and the annual Letter to Issuers for the respective QHP certification plan year [1]:

1) Use a provider network that complies with 45 CFR 156.235.
2) Contract with at least 35% of available ECPs in each plan's service area to participate in the plan's provider network, including contracts with 35% of available Family Planning Providers (not applicable to SADP applicants) and 35% of available Federally Qualified Health Centers (FQHCs) in the plan's service area.
3) Offer contracts in good faith to at least one ECP in each major ECP category [2] in each county in the service area to participate in the plan's provider network for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).
4) Offer a contract in good faith to all available Indian health care providers in the plan's service area to participate in the plan's provider network for the respective QHP certification plan year.

For SADP QHP issuers applying under the General ECP Standard, the applicant must satisfy the following requirements in accordance with 45 CFR 156.235 and the annual Letter to Issuers for the respective QHP certification plan year [1]:

1) Use a provider network that complies with 45 CFR 156.235, subject to a limited exception for certain SADPs as described at 45 CFR 156.230(a)(4).
2) Contract with at least 35% of available ECPs in each plan's service area to participate in the plan's provider network, including contracts with 35% of available FQHCs in the plan's service area.

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[1] For plans that use tiered networks, ECPs must be contracted within the network tier that results in the lowest cost-sharing obligation to count toward the issuer's satisfaction of each element of the ECP standard. For example, a QHP issuer cannot use the number of ECPs contracted with their PPO network to certify their HMO network if using the PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only preferred providers would be counted toward ECP standards.

[2] The eight major ECP categories include the following:
- Substance Use Disorder (SUD) Treatment Centers
- Mental Health Facilities, including Community Mental Health Centers and Other Mental Health Providers
- FQHCs and FQHC look-alikes
- Inpatient Hospitals: Critical Access Hospitals, Rural Referral Centers, Disproportionate Share Hospitals, Children's Hospitals, Sole Community Hospitals, and Free-standing Cancer Centers
- Indian health care providers, which include providers participating in programs operated by 1) the Indian Health Service; 2) a Tribe or Tribal organization under the authority of the Indian Self-Determination and Education Assistance Act; and 3) an urban Indian organization under the authority of Title V of the Indian Health Care Improvement Act
- Ryan White HIV/AIDS Program providers
- Family planning providers receiving Federal funding under Title X of the PHS Act and not-for-profit or governmental family planning service sites that do not receive Federal funding under Title X of the PHS Act or other 340B-qualifying funding
- Other providers that serve predominantly low-income, medically underserved individuals, including Black Lung Clinics, Hemophilia Treatment Centers, Rural Health Clinics, Sexually Transmitted Disease Clinics, and Tuberculosis Clinics

3) Offer a contract in good faith to all available Indian health care providers in the plan's service area to participate in the plan's provider network for the respective QHP certification plan year.

For medical QHP issuers applying under the Alternate ECP Standard (i.e., issuers eligible to apply under this standard must provide most of their plan's covered professional services through physicians employed directly by the issuer or through a single contracted medical group), the applicant must satisfy the following requirements in accordance with 45 CFR 156.235 and the annual Letter to Issuers for the respective QHP certification plan year[1]:

1) Use a provider network that complies with 45 CFR 156.235.
2) Contract with at least 35% of available ECPs in each plan's service area to participate in the plan's provider network with providers located within health professional shortage areas (HPSAs) or low-income zip codes in which 30% or more of the population falls below 200% of the federal poverty level, including contracts with 35% of available Family Planning Providers (not applicable to SADP applicants) and 35% of available FQHCs in the plan's service area; and
3) Offer all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area to participate in the plan's provider network as outlined in the General ECP Standard or otherwise offered 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 for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).

For SADP QHP issuers applying under the Alternate ECP Standard (i.e., issuers eligible to apply under this standard must provide the majority of their plan's covered professional services through physicians employed directly by the issuer or through a single contracted medical group), the applicant must satisfy the following requirements in accordance with 45 CFR 156.235 and the annual Letter to Issuers for the respective QHP certification plan year[1]:

1) Use a provider network that complies with 45 CFR 156.235, subject to a limited exception for certain SADPs as described at 45 CFR 156.230(a)(4).
2) Contract with at least 35% of available ECPs in each plan's service area to participate in the plan's provider network with providers located within HPSAs or low-income zip codes in which 30% or more of the population falls below 200% of the federal poverty level, including contracts with 35% of available FQHCs in the plan's service area.

Issuers that do not satisfy one or more elements of the ECP standard will be notified that CMS has identified required QHP Application corrections, and must submit a completed ECP Justification Form, which CMS will partially pre-populate and upload to the Plan Management (PM) Community for issuers to retrieve and complete. Completed ECP Justification Forms must be uploaded to and submitted within the PM Community for CMS review.

Overview of ECP Justification Form Tabs

Justification Instructions Tab

This tab contains general information about the ECP Justification Form and provides detailed instructions on completeing the partially pre-populated justification form.

Summary Results (elements 1-3) Tab

The summary results shown in this tab provide a dynamic update of your met or unmet status for each of the three required elements of the ECP standard as you complete required fields within the ECP Justification & Monitoring tab. After completing all required fields within the ECP Justification & Monitoring tab, click the blue button at the top left corner of this tab to update your met or unmet status for each of the three required elements of the ECP standard for each required correction identified on the tab.

County Results (element 2) Tab

This tab contains a detailed breakdown of your met or unmet status of the "ECP Category per County" requirement for each plan's network/service area/county combination. Since Stand-Alone Dental Plan (SADP) applicants are exempt from the "ECP Category per County" requirement, the SADP ECP Justification Form does not contain this tab.
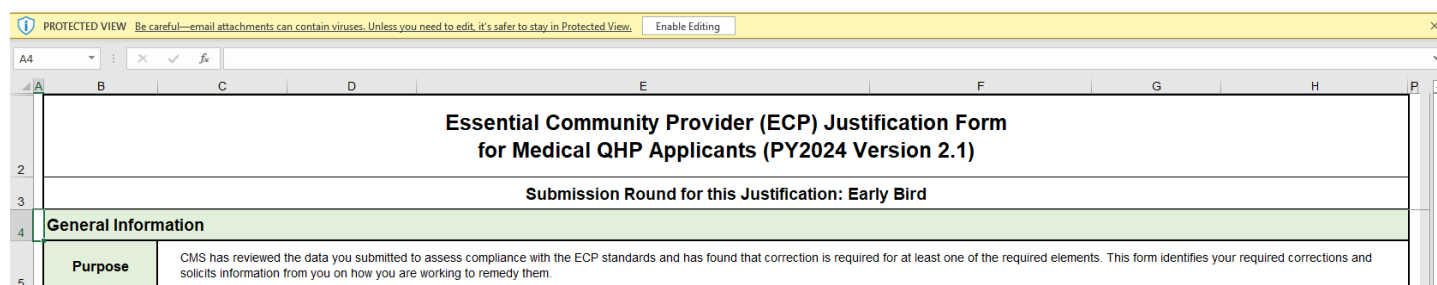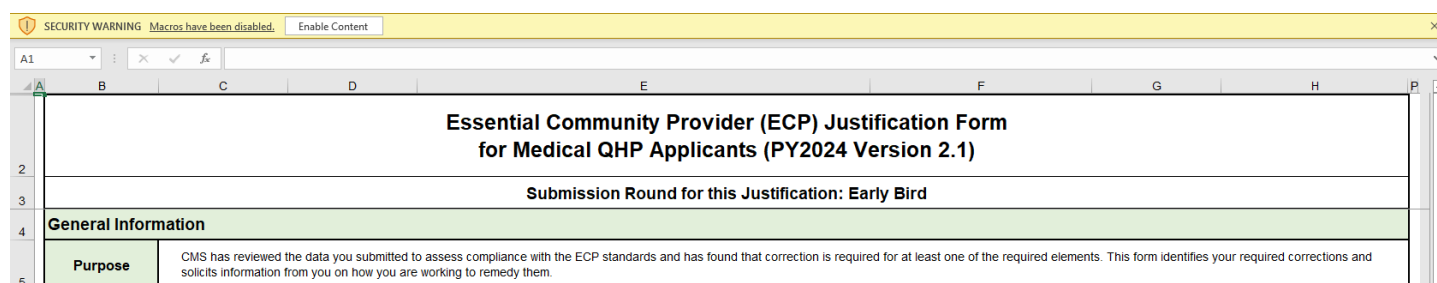
ECP Justification & Monitoring Tab

This tab contains a partially pre-populated form that includes all identified required corrections associated with an element of the ECP standard that has not been met (based on your ECP/NA Template data submission). Begin completing the justification form by responding to the four required questions regarding monitoring and mitigating measures for provider network gaps. You must also complete columns W – AD of this tab to address the required corrections by providing information on your additional provider contracting efforts. Additionally, you may optionally complete column AF if you would like to report to CMS that a provider address has changed.

ECP Standards Tab

This tab is provided for reference only, and outlines each of the elements of the General and Alternate ECP Standards for both medical QHP and SADP QHP applicants.

Reviewing the Justification Instructions Tab

Enable macros by selecting "Enable Editing" and "Enable Content" at the top of the justification form, and carefully read all instructions provided within the tab.

Review your review results within the Summary Results tab to understand the nature of the corrections required. This tab can later be updated after you complete the required fields within the justification form.

Completing the ECP Justification & Monitoring Tab[3]

Review the required corrections identified within the Summary Results tab and County Results tabs to better understand the nature of the required corrections.

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[3] Note: Example values displayed in screenshots are included for demonstration purposes only.

In the Summary Results tab, columns F – J indicate the met or unmet status for each of the three required elements of the ECP standards. Columns K – AC of this tab provide additional details about your ECP threshold status, contracting efforts, and available ECP providers.

	Issuer ID	Network ID	Service Area ID	Plan ID(s)	Has Issuer Met Element 1 (Overall 35% ECP Threshold Requirement)?*	Has Issuer Met Element 1 (35% Family Planning Threshold Requirement)?*	Has Issuer Met Element 1 (35% FQHC Threshold Requirement)?*	Has Issuer Met Element 2 (ECP Category per County Requirement)?* [See 'County Results (element 2)' Tab]	Has Issuer Met Element 3 (Indian Health Provider Requirement)?*
	12345	AZN001	AZS001	12345AZ0010001	Not Met	Not Met	Not Met	Not Met	Not Met

Pressing this button will ingest your ECP Justification entries and UPDATE your status for meeting the ECP Standard within both results worksheets [columns with an asterisk (*) will update]

In the County Results tab, column F indicates the met or unmet status for the "ECP Category per County" requirement for each plan's network/service area/county combination. Columns G – AD of this tab provides additional details about your contracting efforts for specific provider types.

	Issuer Data				Justification Result	Family Planning Providers		Federally Qualifi
	Issuer ID	Network ID	Service Area ID	County - FIPS	Meets the ECP Category per County Requirement?	Issuer's Contract Offers Made to Family Planning Providers*	Available Family Planning Providers	Issuer's Contract Offers Made to Federally Qualified Health Centers*
4	12345	AZN001	AZS001	Cochise - 04003	Not Met	0	5	0
5	12345	AZN001	AZS001	Graham - 04009	Not Met	0	2	1
6	12345	AZN001	AZS001	Maricopa - 04013	Not Met	0	6	0

After reviewing the Summary Results and County Results tabs, navigate to the ECP Justification & Monitoring tab to review all CMS-identified required corrections associated with an element of the ECP standard that has not been met. Each row within this represents an ECP—as identified on the HHS ECP List—with whom you can contract, to count towards satisfaction of one or more ECP standards. Columns B – E include each unmet network and service area combination. Columns F – J indicate whether the listed ECP is necessary to meet each of the three elements of the ECP standard.

	Unmet Network & Service Area Combinations								
	Issuer ID	Network ID	Service Area ID	County - FIPS	Necessary to Meet the Overall 35% the Threshold Requirement?	Necessary to Meet the 35% Family Planning Threshold Requirement?	Necessary to Meet the 35% FQHC Threshold Requirement?	Necessary to Meet the ECP Category per County Requirement?	Necessary to Meet the Indian Health Provider Requirement?
10	12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	No
11	12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	No
12	12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	No
13	12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	No
14	12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	No
15	12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	No

Columns K – Q include provider information for the listed ECPs, including the ECP reference number, whether the ECP may be selected from the list of available ECP write-ins, site state, organization name, provider site name, National Provider Identifier (NPI), and ECP category.

	Unmet Network & Service Area Combinations					Provider Information					
Issuer ID	Network ID	Service Area ID	County - FIPS	ECP Reference Number	Available ECP Write-in?	Site State	Organization Name	Provider Site Name	National Provider Identifier (NPI)	ECP Category	
12345	AZN001	AZS001	Apache - 04001	AZ-014007	Yes	AZ	WayPoint Recovery	WayPoint Recovery	0000000000	Substance Use Disorder Treatment Centers	
12345	AZN001	AZS001	Apache - 04001	AZ-013895	Yes	AZ	Behavioral Health Centers	Little Colorado	0000000000	Mental Health Facilities - Other Mental Health Pro	
12345	AZN001	AZS001	Apache - 04001	AZ-013927	Yes	AZ	Behavioral Health Centers	Little Colorado	0000000000	Mental Health Facilities - Other Mental Health Pro	
12345	AZN001	AZS001	Apache - 04001	AZ-013899	Yes	AZ	Division of Behavioral and MH S	Newlands Outpatient Treatme	0000000000	Substance Use Disorder Treatment Centers	
12345	AZN001	AZS001	Apache - 04001	AZ-013671	Yes	AZ	Division of Behavioral and MH S	Chinle Outpatient Treatment	0000000000	Substance Use Disorder Treatment Centers	
12345	AZN001	AZS001	Apache - 04001	AZ-013691	Yes	AZ	Dawn of Recovery	Fort Defiance Outpatient Tre	0000000000	Substance Use Disorder Treatment Centers	
12345	AZN001	AZS001	Cochise - 04003	AZ-000764	No	AZ	Bisbee Hospital Association	COPPER QUEEN MEDICAL	1942217088	Other ECP Providers - Rural Health Clinics - Med	

Columns R – V include location details for the listed ECPs, including the site street address, city, and zip code.

	Unmet Network & Service Area Combinations					Location Details				
Issuer ID	Network ID	Service Area ID	County - FIPS	Necessary to Meet the Overall 35% the Threshold Requirement?	Site Street Address 1	Site Street Address 2	Site City	Site Zip Code	5-Digit Zip Code	
12345	AZN001	AZS001	Apache - 04001	Yes	36316 US Highway 60		Vernon	85940-5000	85940	
12345	AZN001	AZS001	Apache - 04001	Yes	470 W Cleveland St		Saint Johns	85936-4501	85936	
12345	AZN001	AZS001	Apache - 04001	Yes	50 N Hopi St		Springerville	85938-5221	85938	
12345	AZN001	AZS001	Apache - 04001	Yes	6909 Red Sand View St		Sanders	86512	86512	
12345	AZN001	AZS001	Apache - 04001	Yes	East of Chinle Chevron Station off Navajo Rte 7 & BIA Rd 102	Chinle	86503	86503		
12345	AZN001	AZS001	Apache - 04001	Yes	Old Fort Defiance Chapter House		Fort Defiance	86504	86504	
12345	AZN001	AZS001	Cochise - 04003	Yes	100 E 5th St		Douglas	85607-2859	85607	

Address each required correction by completing columns W – AD of the ECP Justification & Monitoring tab with information about your contracting efforts; the number and types of providers you must address depend on the element(s) of the ECP standard that have not yet been satisfied, as well as the degree to which each element has not been satisfied.

In column W, enter the name of the point of contact for the ECP with whom you have attempted to contract. In columns X – Y, enter the point of contact's phone number and email address. In columns Z – AA, enter the last date of contact and the method of contact.

	Unmet Network & Service Area Combinations									
Issuer ID	Network ID	Service Area ID	County - FIPS	Necessary to Meet the Overall 35% the Threshold Requirement?	Point of Contact Name	Point of Contact Phone	Email	Last Date of Contact	Method of Contact	Contr
12345	AZN001	AZS001	Apache - 04001	Yes	Jane Doe	123-465-7890	janedoe@provider.com	06/01/2023	Email	
12345	AZN001	AZS001	Apache - 04001	Yes						
12345	AZN001	AZS001	Apache - 04001	Yes						
12345	AZN001	AZS001	Apache - 04001	Yes						
12345	AZN001	AZS001	Apache - 04001	Yes						

In column AB, enter the most recent date that you offered a contract to the provider. From the dropdown in column AC, select the status of negotiations for the offered contract. From the dropdown in column AD, indicate when you expect the contract to be ratified by selecting "Before Open Enrollment," "During Open Enrollment," or "After Open Enrollment."

	Unmet Network & Service Area Combinations				Contracting Details		
Issuer ID	Network ID	Service Area ID	County - FIPS	Necessary to Meet the Overall 35% the Threshold Requirement?	Contract Offer Date	Status of Negotiations	When Does Issuer Expect to Ratify Contract?
12345	AZN001	AZS001	Apache - 04001	Yes	06/01/2023	Contract Pending	Before Open Enrollment
12345	AZN001	AZS001	Apache - 04001	Yes			
12345	AZN001	AZS001	Apache - 04001	Yes			
12345	AZN001	AZS001	Apache - 04001	Yes			

After completing columns W – AD for all required corrections identified on the ECP Justification & Monitoring tab, navigate to the top left of the ECP Justification & Monitoring tab and answer the required four questions in rows 3-6. For Question 4 ("*What is the number of QHP enrollee complaints received for this plan regarding access to ECPs during the*

prior Plan Year?"), new plans can enter 'N/A'. The four questions only relate to the plan(s) that this Justification Form covers.

	A	B	C	D	E	F	G	H
2		**Questions Pertaining to Monitoring and Mitigating Measures for Provider Network Gaps:**						
3		What sources do you use to monitor for new providers entering your service area? (enter all that apply, including Available ECP Write-in List)*						**ECP Write-in List**
4		How often are you monitoring your sources for new providers entering your service area?*						**Daily**
5		Do you hold QHP enrollees of this plan responsible for only in-network cost sharing for out-of-network care received when you do not meet the ECP standards for an ECP category?*						**No**
6		What is the number of QHP enrollee complaints received for this plan regarding access to ECPs during the prior Plan Year?*						**2**

Then return to the Summary Results tab and click the blue button ("**Pressing this button will ingest your ECP Justification entries and UPDATE your status for meeting the ECP Standard within both results worksheets**") at the top left corner of the tab to update your met or unmet status for each of the three required elements of the ECP standards for each required correction identified on the ECP Justification & Monitoring tab. The updated status results will inform you of any additional number and types of providers you need to resolve any remaining required corrections.

	A	B	C	D	E	F	G	H	I
2		Pressing this button will ingest your ECP Justification entries and UPDATE your status for meeting the ECP Standard within both results worksheets [columns with an asterisk (*) will update]							
3									
4		**Issuer ID**	**Network ID**	**Service Area ID**	**Plan ID(s)**	**Has Issuer Met Element 1 (35% Family Planning Threshold Requirement)?***	**Has Issuer Met Element 1 (35% FQHC Threshold Requirement)?***	**Has Issuer Met Element 2 (ECP Category per County Requirement)?* [See 'County Results (element 2)' Tab]**	**H Ele Ho Re**
5		12345	AZN001	AZS001	12345AZ0010001	Not Met	Not Met	Not Met	

Review the updated status results in columns F – J to determine whether your ECP Justification Form is ready to be submitted. While issuers can submit the ECP Justification Form with justification status results of "Not Met," those required corrections must be corrected by the next review round to avoid further required corrections and must be corrected no later than the final QHP Application submission deadline.

	A	B	C	D	E	F	G	H	I	J
2		Pressing this button will ingest your ECP Justification entries and UPDATE your status for meeting the ECP Standard within both results worksheets [columns with an asterisk (*) will update]								
3										
4		**Issuer ID**	**Network ID**	**Service Area ID**	**Plan ID(s)**	**Has Issuer Met Element 1 (Overall 35% ECP Threshold Requirement)?***	**Has Issuer Met Element 1 (35% Family Planning Threshold Requirement)?***	**Has Issuer Met Element 1 (35% FQHC Threshold Requirement)?***	**Has Issuer Met Element 2 (ECP Category per County Requirement)?* [See 'County Results (element 2)' Tab]**	**Has Issuer Met Element 3 (Indian Health Provider Requirement)?***
5		12345	AZN001	AZS001	12345AZ0010001	Met	Met	Met	Met	Met

Each justification entry in the ECP Justification & Monitoring tab will also include one of the following possible status results in **columns AG – AK**:

- **Pass**: This result pertains to the issuer's satisfaction of the "ECP Category per County" and Indian Health Provider requirements and displays when the issuer indicates in the "Status of Negotiations" field (column AC) that the issuer has made a good faith contract offer that either has been rejected or is pending/awaiting a response from the provider.

- **Submit an Updated ECP/NA Template to Clear Correction:** This result displays when the issuer indicates in the "Status of Negotiations" field (column AC) that a provider has recently accepted a contract offer with the issuer, but the issuer has not yet included the provider on its ECP/NA Template. The issuer must update its ECP/NA Template and resubmit its revised template via the Marketplace Plan Management System to resolve this required correction.
- **Pass (will be removed from Total Number of Available ECP Providers in Issuer's Service Area):** This result displays when the issuer indicates in the "Status of Negotiations" field (column AC) that a facility has closed its practice, is no longer interested in contracting with any QHP/SADP issuers, or no longer offers medical services (relevant to medical QHP issuers) or dental services (relevant to SADP QHP issuers).
- **Continue Monitoring:** This result displays when the issuer indicates in the "Status of Negotiations" field (column AC) that it has made a contract offer with the expectation of ratifying the contract "Before Open Enrollment" or "During Open Enrollment," but it is pending, or the issuer is awaiting response from the provider. CMS will continue to monitor the issuer's compliance with ECP standards throughout the year and will coordinate with state departments of insurance (DOIs) as needed.
- **Unsatisfactory:** This result displays when the issuer indicates in the "Status of Negotiations" field (column AC) that pre-contract negotiations are in progress but a contract offer has not been made yet, a contract offer has been made but the issuer anticipates ratifying the contract "After Open Enrollment," or a good faith contract offer has been rejected by the provider; rejection of a contract offer results in a status of "Unsatisfactory" only with respect to the issuer's satisfaction of the 35 percent threshold requirement.
- **N/A:** This result displays when the respective provider falls within an ECP category that is not applicable toward the satisfaction of the respective element of the ECP standard (e.g., a family planning provider would not satisfy the Indian Health Provider requirement unless it is also an Indian Health Provider).

					Unmet Network & Service Area Combinations				Status of Correction Needed				
Issuer ID	Network ID	Service Area ID	County - FIPS	Necessary to Meet the Overall 35% the Threshold Requirement?	Necessary to Meet the 35% Family Planning Threshold Requirement?	Necessary to Meet the 35% FQHC Threshold Requirement?	Necessary to Meet the ECP Category per County Requirement?	35% Standard Threshold	35% Family Planning Threshold	35% FQHC Threshold	Category per County	Indian Health Provider
12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	Continue Monitoring	N/A	N/A	N/A	N/A
12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	Submit an Updated ECP/NA Template to Clear Correction	N/A	N/A	N/A	N/A
12345	AZN001	AZS001	Apache - 04001	Yes	No	No	No	Pass (Will be Removed from Total Number of Available ECP Providers in Issuer's Service Area)	N/A	N/A	N/A	N/A

Saving the ECP Justification Form

To save a completed ECP Justification Form, click Save, and ensure the file is saved as a macro-enabled Excel file (the file name should end in ".xlsm"). A warning prompting you to complete all missing data will appear when the ECP Justification Form is saved with a required field that is either blank or missing data.

Do not rename the completed justification form. If you do, use the following naming convention: [Issuer ID]-ECP-[Plan Type]-[Round Abbreviation].xlsm (e.g., "12345-ECP-MedQHP-IR.xlsm" or "12345-ECP-SADP-IR.xlsm"). If submitting a completed justification form for the initial, secondary, or final round submission deadlines, use the round abbreviations "IR," "SR," and "FR" respectively.

Additional Resources

- For questions about completing your QHP Application, including questions about ECP standards, reference the Essential Community Providers and Network Adequacy webpage and the Essential Community Providers and Network Adequacy FAQs webpage of the QHP certification website.

- Marketplace Service Desk (MSD)
  - CMS_FEPS@cms.hhs.gov
  - 1-855-CMS-1515 (1-855-267-1515)