

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 (FFE) must submit a completed QHP Application per Centers for Medicare & Medicaid 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):¹

- 1) Contracted with at least 35% of available ECPs in each plan's service area to participate in the plan's provider network;
- 2) Offered a contract in good faith to at least one ECP in each major ECP category² for 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); and
- 3) Offered 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):¹

- 1) Contracted with at least 35% of available ECPs in each plan's service area to participate in the plan's provider network; and
- 2) Offered 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.

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 six major ECP categories include the following:

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes
- 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, Community Mental Health Centers, Hemophilia Treatment Centers, Rural Health Clinics, Sexually Transmitted Disease Clinics, Substance Use Disorder Treatment Centers, and Tuberculosis Clinics

For medical 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):¹

- 1) Contracted with at least 35 percent 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 zip codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level; and
- 2) Offered 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 in each 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):¹

- 1) Contracted with at least 35 percent 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 zip codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level.

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 provides detailed instructions on completing the partially pre-populated justification form. There are two required questions regarding consumer complaints on the Instructions tab under Step 3.

Summary Results (elements 1-3) Tab

This tab contains a green button at the top left corner that activates the ECP Justification logic when clicked, which allows you to complete the required fields within the ECP Justification tab. These summary results 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. After completing all required fields within the ECP Justification Form 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 ECP Justification 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 Tab

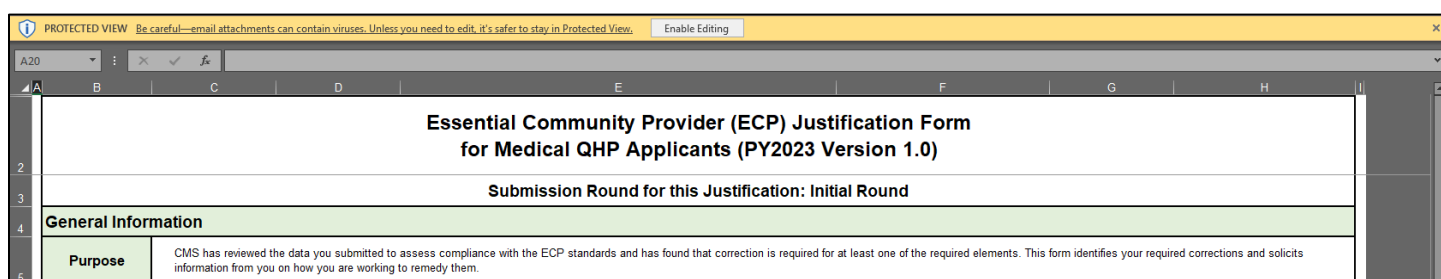
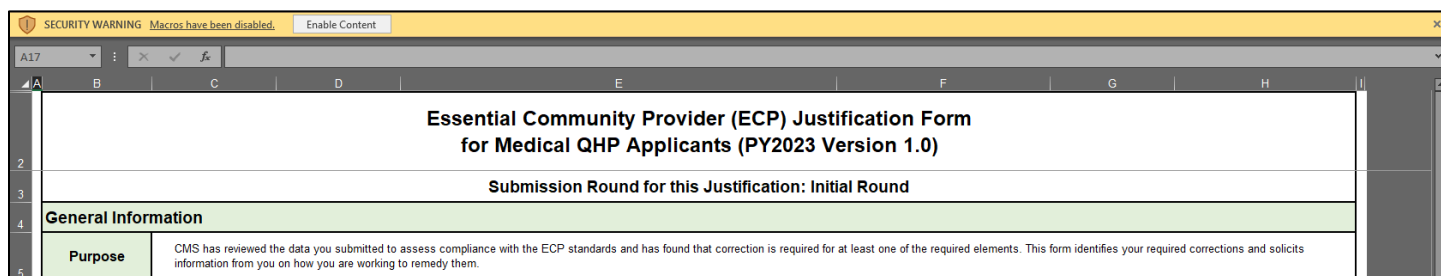
This tab contains a partially pre-populated form that includes all identified required corrections associated with an element of the ECP standard that has not been met (based on your ECP/NA Template data submission). You must complete columns V – AC of this tab to address the required corrections by providing information on your additional provider contracting efforts.

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.

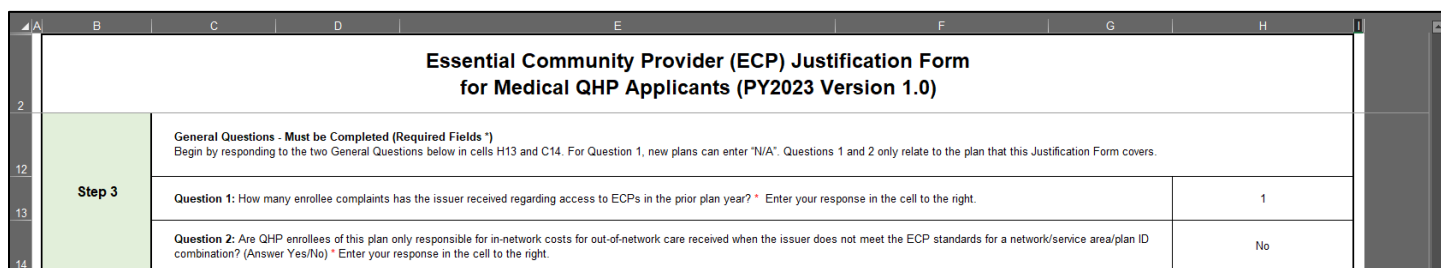
Completing the Instructions Tab

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.

Enter the responses for the two required questions regarding consumer complaints. These questions relate only to the plan that this ECP Justification Form covers. In [cell H13](#), enter the number of QHP enrollee complaints the issuer has received regarding access to ECPs in the prior plan year. New QHP issuers may enter “N/A.”

In [cell H14](#), indicate whether QHP enrollees of this plan are only responsible for in-network costs for out-of-network care received when the issuer does not meet the ECP standards for a network/service area/plan ID combination.



Essential Community Provider (ECP) Justification Form for Medical QHP Applicants (PY2023 Version 1.0)			
Submission Round for this Justification: Initial Round			
General Information			
Purpose	CMS has reviewed the data you submitted to assess compliance with the ECP standards and has found that correction is required for at least one of the required elements. This form identifies your required corrections and solicits information from you on how you are working to remedy them.		
Step 3	General Questions - Must be Completed (Required Fields *) Begin by responding to the two General Questions below in cells H13 and C14. For Question 1, new plans can enter "N/A". Questions 1 and 2 only relate to the plan that this Justification Form covers.		
	Question 1: How many enrollee complaints has the issuer received regarding access to ECPs in the prior plan year? * Enter your response in the cell to the right.		1
	Question 2: Are QHP enrollees of this plan only responsible for in-network costs for out-of-network care received when the issuer does not meet the ECP standards for a network/service area/plan ID combination? (Answer Yes/No) * Enter your response in the cell to the right.		No

Completing the ECP Justification Tab³

To complete the ECP Justification tab, navigate to the Summary Results tab and click the green button at the top left corner of the tab (“Pressing this button will **ACTIVATE** the ECP Justification Logic”) to activate the ECP Justification Form logic.

2	Pressing this button will ACTIVATE the ECP Justification Logic			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]					

After activating the ECP Justification Form logic, review the required corrections identified within the **Summary Results tab** and **County Results tabs** to better understand the nature of the required corrections; each row within these tabs 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.

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

2	Pressing this button will ACTIVATE the ECP Justification Logic			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	Issuer ID	Network ID	Service Area ID	Plan ID(s)	Has Issuer Met Element 1 (35% ECP 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)?*		
4	12345	VAN001	VAS001	12345VA0010001	Not Met	Not Met	Met		
5	12345	VAN002	VAS002	12345VA0020001	Met	Met	Met		

In the County Results tab, **column H** indicates the met or unmet status for the “ECP Category per County” requirement for each plan’s network/service area/county combination. **Columns I – AJ** of this tab provide additional details about your contracting efforts for specific provider types.

2	Issuer Data				Justification Result	Family Planning Providers		Federally Qualified	
	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*	
3									
4	12345	VAN001	VAS001	Albemarle - 51003	<i>Not Met</i>	0	2	0	
5	12345	VAN001	VAS001	Alexandria City - 51003	<i>Not Met</i>	0	1	0	
6	12345	VAN001	VAS001	Amelia - 51007	<i>Not Met</i>	0	1		
7	12345	VAN001	VAS001	Bath - 51017	<i>Not Met</i>	0	1		
8	12345	VAN001	VAS001	Bedford - 51019	<i>Not Met</i>	0	1	0	
9	12345	VAN001	VAS001	Bland - 51021	<i>Not Met</i>	0	1	0	
10	12345	VAN001	VAS001	Botetourt - 51023	<i>Not Met</i>	0	1		

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

After reviewing the Summary Results and County Results tabs, navigate to the ECP Justification tab to review all CMS-identified required corrections associated with an element of the ECP standard that has not been met. **Columns B – G** include each unmet network and service area combination. **Columns H – 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 35% the Threshold Requirement?	Necessary to Meet ECP the Category per County Requirement?	Necessary to Meet the Indian Health Provider Requirement?	
4	12345	VAN001	VAS001	Albemarle - 51003	Yes	Yes	No	
5	12345	VAN001	VAS001	Albemarle - 51003	Yes	Yes	No	
6	12345	VAN001	VAS001	Albemarle - 51003	Yes	Yes	No	
7	12345	VAN001	VAS001	Alexandria City - 51510	Yes	Yes	No	
8	12345	VAN001	VAS001	Alexandria City - 51510	Yes	Yes	No	
9	12345	VAN001	VAS001	Amelia - 51007	Yes	Yes	No	

Columns K – P include provider information for the listed ECPs, including the ECP reference number, site state, site name, organization 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	Site State	Site Name (Provider Name/Name of Provider)	Organization Name (Facility Name/Provider Entity Name)	National Provider Identifier (NPI)	ECP Category	
4	12345	VAN001	VAS001	Albemarle - 51003	VA-011007	VA	Charlottesville/Albemarle Health	Virginia Department of Health	1710993530	Family Planning Providers, Sexually T
5	12345	VAN001	VAS001	Albemarle - 51003	VA-011041	VA	SOUTHERN ALBEMARLE FAM CENTRAL VIRGINIA HEALTH	1588792162	Federally Qualified Health Centers	
6	12345	VAN001	VAS001	Albemarle - 51003	VA-011011	VA	Planned Parenthood Charlottesville	1497017909	Family Planning Providers	
7	12345	VAN001	VAS001	Alexandria City - 51510	VA-010973	VA	ALEXANDRIA NEIGHBORHOOD NEIGHBORHOOD HEALTH	1164620027	Federally Qualified Health Centers	
8	12345	VAN001	VAS001	Alexandria City - 51510	VA-010974	VA	Alexandria Health Department	1275069277	Family Planning Providers, Sexually T	
9	12345	VAN001	VAS001	Amelia - 51007	VA-010978	VA	Amelia Co Health Dept	1821194549	Family Planning Providers, Sexually T	
10	12345	VAN001	VAS001	Bath - 51017	VA-011077	VA	Bath Community Physician Grou	1851505440	Rural Health Clinics	
11	12345	VAN001	VAS001	Bath - 51017	VA-013077	VA	BATH COMMUNITY PHYSICIAN BATH COUNTY COMMUNIT	1114408929	Other ECP Providers	
12	12345	VAN001	VAS001	Bath - 51017	VA-011228	VA	Bath County Health Department	1356354963	Family Planning Providers, Sexually T	
13	12345	VAN001	VAS001	Bath - 51017	VA-011078	VA	Bath Community Hospital	1417989278	Inpatient Hospitals (other than childre	
14	12345	VAN001	VAS001	Bedford - 51019	VA-010990	VA	Bedford Community Health Cent	1609203538	Federally Qualified Health Centers	
15	12345	VAN001	VAS001	Bedford - 51019	VA-010991	VA	Bedford Co Health Dept	1427018977	Family Planning Providers, Sexually T	
16	12345	VAN001	VAS001	Bedford - 51019	VA-011101	VA	Huddlestone Health And Wellness	1962940189	Other ECP Providers	
17	12345	VAN001	VAS001	Bland - 51021	VA-010989	VA	Bland County Medical Clinic	1104800671	Community Mental Health Centers, De	
18	12345	VAN001	VAS001	Bland - 51021	VA-010993	VA	Bland Co Health Dept	1447285622	Family Planning Providers, Ryan Whit	
19	12345	VAN001	VAS001	Botetourt - 51023	VA-011050	VA	Botetourt County Health Departn	1104879568	Family Planning Providers, Sexually T	

Columns Q – U 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	Site Street Address 1	Site Street Address 2	Site City	Site Zip Code	5-Digit Zip Code	
4	12345	VAN001	VAS001	Albemarle - 51003	1138 Rose Hill Dr		Charlottesville	22903-5128	22903
5	12345	VAN001	VAS001	Albemarle - 51003	2256 Irish Rd		Esmont	22937-1945	22937
6	12345	VAN001	VAS001	Albemarle - 51003	2964 Hydraulic Rd		Charlottesville	22901-8902	22901
7	12345	VAN001	VAS001	Alexandria City - 51510	2 E Glebe Rd		Alexandria	22305-2938	22305
8	12345	VAN001	VAS001	Alexandria City - 51510	4480 King St		Alexandria	22302-1300	22302
9	12345	VAN001	VAS001	Amelia - 51007	16320 Church St		Amelia Courthouse	23002-4817	23002
10	12345	VAN001	VAS001	Bath - 51017	106 Park Dr		Hot Springs	24445-2921	24445
11	12345	VAN001	VAS001	Bath - 51017	432 Church St		Millboro	24460-2132	24460
12	12345	VAN001	VAS001	Bath - 51017	51 Courthouse Hill Rd		Warm Springs	24484-2277	24484
13	12345	VAN001	VAS001	Bath - 51017	86 Park Lane		Hot Springs	24445	24445

Address each required correction by completing **columns V – AC** of the ECP Justification 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 V**, enter the name of the point of contact for the ECP with whom you have attempted to contract. In **columns W – X**, enter the point of contact’s phone number and email address.

	Unmet Network & Service				Contracting Details				
	Issuer ID	Network ID	Service Area ID	County - FIPS	Point of Contact Name	Point of Contact Phone	Email	Last Date of Contact	Method of Contact
4	12345	VAN001	VAS001	Albemarle - 51003	Jordan Doe	555-555-5555	JDOE@provider.com		
5	12345	VAN001	VAS001	Albemarle - 51003					
6	12345	VAN001	VAS001	Albemarle - 51003					
7	12345	VAN001	VAS001	Alexandria City - 51510					
8	12345	VAN001	VAS001	Alexandria City - 51510					
9	12345	VAN001	VAS001	Amelia - 51007					
10	12345	VAN001	VAS001	Bath - 51017					

In **columns Y – Z**, enter the last date of contact and the method of contact.

	Unmet Network & Service				Contracting Details				
	Issuer ID	Network ID	Service Area ID	County - FIPS	Point of Contact Name	Point of Contact Phone	Email	Last Date of Contact	Method of Contact
4	12345	VAN001	VAS001	Albemarle - 51003	Jordan Doe	555-555-5555	JDOE@provider.com	06/01/2022	Email
5	12345	VAN001	VAS001	Albemarle - 51003					
6	12345	VAN001	VAS001	Albemarle - 51003					
7	12345	VAN001	VAS001	Alexandria City - 51510					
8	12345	VAN001	VAS001	Alexandria City - 51510					
9	12345	VAN001	VAS001	Amelia - 51007					
10	12345	VAN001	VAS001	Bath - 51017					

In **column AA**, enter the most recent date that you offered a contract to the provider. From the dropdown in **column AB**, select the status of negotiations for the offered contract. From the dropdown in **column AC**, indicate when you expect the contract to be ratified by selecting “By Open Enrollment,” “By Start of Plan Year,” or “After Start of Plan Year.”

	Unmet Network & Service				Contracting Details			
	Issuer ID	Network ID	Service Area ID	County - FIPS	Method of Contact	Contract Offer Date	Status of Negotiations	When Does Issuer Expect to Ratify Contract?
4	12345	VAN001	VAS001	Albemarle - 51003	Email	6/1/2022	Contract Pending	By Open Enrollment
5	12345	VAN001	VAS001	Albemarle - 51003				
6	12345	VAN001	VAS001	Albemarle - 51003				
7	12345	VAN001	VAS001	Alexandria City - 51510				
8	12345	VAN001	VAS001	Alexandria City - 51510				
9	12345	VAN001	VAS001	Amelia - 51007				

After completing columns V – AC for all required corrections identified on the ECP Justification tab, 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 tab. The updated status results will inform you of any additional number and types of providers you need to address to resolve any remaining required corrections.

Issuer ID	Network ID	Service Area ID	Plan ID(s)	Has Issuer Met Element 1 (35% ECP 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	VAN001	VAS001	12345VA0010001	Not Met	Not Met	Met
12345	VAN002	VAS002	12345VA0020001	Met	Met	Met

Review the updated status results in columns H – 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.

Issuer ID	Network ID	Service Area ID	Plan ID(s)	Has Issuer Met Element 1 (35% ECP 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	VAN001	VAS001	12345VA0010001	Met	Met	Met
12345	VAN002	VAS002	12345VA0020001	Met	Met	Met

Each justification entry in the ECP Justification tab will also include one of the following possible status results in **columns AD – AF**:

- **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 AB) that the issuer has made a good faith contract offer that either has been rejected or is pending/awaiting a response from the provider.
- **Pass (pending ECP/NA Template resubmission):** This result displays when the issuer indicates in the "Status of Negotiations" field (column AB) 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 Health Insurance Oversight System (HIOS) Issuer Module 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 AB) 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).
- **Compliance Review:** This result displays when the issuer indicates in the "Status of Negotiations" field (column AB) that it has made a contract offer with the expectation of ratifying the contract "By Open Enrollment" or "By Start of Plan Year," 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 AB) 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 Start of Plan Year,” 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).

	B	C	D	G	AD	AE	AF
2	Unmet Network & Servi				Status of Correction Needed		
3	Issuer ID	Network ID	Service Area ID	County - FIPS	35% Standard Threshold	Category per County	Indian Health Provider
4	12345	VAN001	VAS001	Albemarle - 51003	Compliance Review	Pass	N/A
5	12345	VAN001	VAS001	Albemarle - 51003	Unsatisfactory Pass (Will be Removed from Total Number of Available ECP Providers in Issuer's Service Area)	Unsatisfactory Pass (Will be Removed from Total Number of Available ECP Providers in Issuer's Service Area)	N/A
6	12345	VAN001	VAS001	Albemarle - 51003			

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)