

Supplementary Response: Inclusion of Essential Community Providers

Supplementary Response

Instructions for Submitting a Supplementary Response

Answer the questions below, as complete and specific, as possible, regarding access to essential community providers (ECPs) in your proposed service areas. Complete responses must contain an appropriate explanation for each applicable question. The response should address each service area if you are applying in multiple service areas,.

Complete Section 1 if you qualify for the general ECP standard. Complete Section 2 if you qualify for the alternate ECP standard.

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

Indicate whether you meet or do not meet each portion of the general ECP standard, and respond to each applicable question:

| Instructions for Issuers Subject to the General ECP Standard | Meets | Does Not Meet | Instructions |
|--|-------|---------------|--|
| A. Issuer offers a contract to all available Indian health care providers in the service area for the respective QHP certification plan year | | | Complete Questions #1–2 below if the issuer does not meet this requirement |
| B. Issuer offers a contract to at least one ECP in each available ECP category in each county in the service area (SADP applicants should check the “Meets” box, as this requirement is not applicable to SADPs) | | | Complete Questions #3–4 below if the issuer does not meet this requirement |
| C. Issuer’s plan network includes at least 20 percent of available ECPs in the service area | | | Complete Questions #5–7 below if the issuer does not meet this requirement |

Note: QHP = qualified health plan, SADP = stand-alone dental plan.

If the issuer does not offer a contract to all available Indian health care providers in the service area for the respective QHP certification plan year, applying the special terms and conditions required by federal law and regulations as referenced in the recommended model QHP addendum for Indian health care providers developed by the Department of Health and Human Services, please respond to questions 1–2 below.

1. Why has the issuer not offered a contract to all available Indian health care providers in the service area for the respective QHP certification plan year?
2. Describe how the issuer’s provider networks, as currently structured, provide adequate access to care for American Indians and Alaska Natives.

If the issuer does not offer a contract to at least one ECP in each available ECP category¹ in each county in the service area for the respective QHP certification plan year, please respond to questions 3–4 below.

3. Why has the issuer not offered a contract to at least one ECP in each available ECP category in each county in the service area for the respective QHP certification plan year? (This question is not applicable to SADPs, please skip.)
4. Describe how the issuer’s provider networks, as currently structured, provide access to a broad range of ECP types, including access for individuals with HIV/AIDS, individuals with comorbid behavioral health conditions, and individuals seeking women’s health and reproductive health services. Out-of-network care through single-case agreements does not satisfy the “ECP category per county requirement,” as such arrangements place an increased burden on consumers to obtain approval prior to receiving care. (This question is not applicable to SADP, please skip.)

¹ ECP categories include federally qualified health centers (FQHCs); Ryan White providers; family planning providers; Indian health providers; hospitals; and other providers, such as sexually transmitted disease (STD) clinics, tuberculosis (TB) clinics, rural health clinics, community mental health centers, black lung clinics, and hemophilia treatment centers.

If the issuer's plan network does not include at least 20 percent of available ECPs in the service area, please respond to questions 5–7 below. Use the table in the Appendix to provide the information requested in questions 5b and 6.

5. Why is the issuer 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. Please be as specific as possible in your response. Please be sure to indicate the following:
 - a. Number of contracts offered to ECPs for the 2022 plan year.
 - b. Names of the ECPs to which the issuer has offered contracts, but with whom an agreement has not yet been reached. Include any relevant information including date of last contact, contact name, and outcome. (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.)
6. How does the issuer plan to increase ECP participation in its provider networks in the future? Identify the number of additional contracts the issuer expects to offer for the 2022 plan year, the names of the ECPs to be contacted, and the time frame of those planned negotiations.
7. Describe how the issuer's provider networks, as currently structured, provide an adequate level of service for low-income and medically underserved individuals. Note that the increased use of telehealth services for treating enrollees with conditions proven to be effectively managed through telehealth could be considered toward an issuer's satisfaction of the ECP standard to ensure access to adequate care for enrollees who might otherwise be treated, in-person, be relevant ECP types that may be missing from the issuer's provider network. Out-of-network care through single-case agreements does not satisfy the "ECP category per county requirement," as such arrangements place an increased burden on consumers to obtain approval prior to receiving care. 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. (This question is not applicable to SADPs, please skip.)

- b. Describe how the issuer’s current networks provide adequate access to care for American Indians and Alaska Natives. (This question applies to both medical QHPs and SADPs.)

- 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. (This question is not applicable to SADPs, please skip.)

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

If you qualify for the alternate ECP standard: Please indicate whether you meet or do not meet each portion of the alternate ECP standard, and respond to each applicable question:

| Instructions for Issuers Subject to the Alternate ECP Standard | Meets | Does Not Meet | Instructions |
|--|-------|---------------|--|
| A. Issuer’s plan network includes at least 20 percent of available ECPs in the service area, based on the number of providers located in health professional shortage areas or low-income ZIP codes | | | Complete Questions #1–3 below if the issuer does not meet this requirement |
| B. Issuer’s plan network provides all of the categories of services provided by entities in each of the ECP categories in each county in the plan’s service area, or otherwise offers a contract to at least one ECP outside of the issuer’s integrated service delivery system per ECP category per county (SADP applicants should check the “Meets” box, as this requirement is not applicable to SADPs) | | | Complete Questions #4–5 below if the issuer does not meet this requirement |

If the number of the issuer's providers that are located in health professional shortage areas 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 20 percent of available ECPs in the service area, please respond to Questions 1–3 below. Use the table in the Appendix to provide the information requested in Question 1.

1. Why does the issuer's plan not meet the equivalent of the 20 percent threshold?
Describe any plans to provide additional access to low-income and medically underserved consumers in the future. 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.

2. Describe how the issuer's plan increases ECP participation in its integrated delivery system in the future. Identify the number of additional providers and provider types the issuer plans to add to its integrated service delivery system for the 2022 plan year and the time frame of those planned negotiations.

3. Describe how the issuer's integrated delivery system, as currently structured, provides an adequate level of service for low-income and medically underserved individuals. Note that the increased use of telehealth services for treating enrollees with conditions proven to be effectively managed through telehealth could be considered toward an issuer's satisfaction of the ECP standard to ensure access to adequate care for enrollees who might otherwise be treated, in-person, by relevant ECP types that may be missing from the issuer's provider network. Out-of-network care through single-case agreements does not satisfy the "ECP category per county requirement," as such arrangements place an increased burden on consumers to obtain approval prior to receiving care. Please be specific in your response.
 - a. Describe how the issuer's current integrated delivery system provides adequate access to care for individuals with HIV/AIDS and those with comorbid behavioral health conditions. (This question is not applicable to SADPs, please skip.)

 - b. Describe how the issuer's current integrated delivery system provides adequate access to care for low-income and underserved individuals seeking women's health and reproductive health services. (This question is not applicable to SADPs, please skip.)

If the issuer's integrated service delivery system does not provide all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area, or otherwise offers a contract to at least one ECP outside of the issuer's integrated service delivery system per ECP category per county, please respond to Questions 4–5 below.

4. Why does the issuer's integrated delivery system 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 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 and medically underserved individuals? (This question is not applicable to SADPs, please skip.)

5. Describe how the issuer's integrated delivery system, as currently structured, provides adequate access to a broad range of ECP types, including access for individuals with HIV/AIDS, individuals with comorbid behavioral health conditions, and individuals seeking women's health and reproductive health services. Out-of-network care through single-case agreements does not satisfy the "ECP category per county requirement," as such arrangements place an increased burden on consumers to obtain approval prior to receiving care. (This question is not applicable to SADPs, please skip.)

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.

