QUALIFIED HEALTH PLANS SOLICITING ESSENTIAL COMMUNITY PROVIDERS

Health insurance issuers that wish to establish QHPs may be approaching ECPs with offers to join their provider networks.

Starting in 2014, the Affordable Care Act (ACA) will result in over 20 million people enrolling in private insurance coverage through health insurance marketplaces (or exchanges). These private plans, called “Qualified Health Plans” (QHP) must meet standards for inclusion of “Essential Community Providers” (ECPs) in their provider networks.

Essential Community Provider: The ACA requires that QHPs offered on the State-based and Federally-facilitated Marketplaces in 2014 must include a sufficient number and geographic distribution of essential community providers (ECPs) in their service area to provide access for low-income and medically underserved individuals. Issuers seeking certification of their health plans as QHPs and issuers offering QHPs must comply with the network adequacy and ECP standards. CMS urges issuers offering QHPs to include provider networks with robust ECP participation.

ECPs include, but are not limited to, safety net providers who are eligible to participate in the 340B drug pricing program in these several categories including: federally qualified health centers (FQHCs), Ryan White providers, family planning providers, Indian providers, and specified hospitals such as disproportionate share hospitals (DSH), children’s hospitals, rural referral centers, sole community hospitals, freestanding cancer centers, and critical access hospitals.

At this time, health insurance issuers that wish to establish QHPs may be approaching you with offers to join their provider networks. Information about QHPs and ECPs is available on the Center for Consumer Information & Insurance Oversight website at http://cciio.cms.gov/.

Questions should be directed to CMS at essentialcommunityproviders@cms.hhs.gov.