

# Essential Community Providers: Tips to Connect with Marketplace Plans

## NASHP FACT SHEET

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. ECPs serve predominantly low-income, medically underserved populations and include, but are not limited to, safety net providers who are eligible to participate in the 340B drug purchase program in these six categories: Federally Qualified Health Centers (FQHCs), Ryan White providers, family planning providers, Indian providers, specified hospitals\*, and others.

But **inclusion in Qualified Health Plans’ provider networks is not automatic**. Safety net providers must **identify** insurers offering plans on their state’s ACA marketplace and **negotiate** to be included. Keep in mind that ACA implementation is just beginning, and relationships that begin now can be built on in future years. Below are some tips for Essential Community Providers seeking to connect with QHP issuers:

- **Identify your state’s marketplace strategy and participating insurers.** There are three kinds of ACA marketplaces: state-based, federally facilitated, and partnership. The most effective method to identify QHP issuers will vary by model. For state-based marketplaces, CCIIO has a [list](#) that includes links to state agency websites. For federal and partnership states, [state departments of insurance](#) may provide the best link to QHP issuers. Also, those insurers who are currently active in your market area may be among the most likely to develop QHPs.
- **Review the federal ECP list.** The Center for Consumer Information and Insurance Oversight (CCIIO) has posted a [list of ECPs](#). This list is not exhaustive, but it is likely to be a prime source of information for plans about ECPs in their service area. If your organization is not on this list, a QHP can write you in as an ECP, but you will need to work harder to make sure QHP issuers know about your organization. For more information, see [CCIIO’s cover letter](#).
- **Familiarize yourself with the ECP rules.** Recent [CCIIO guidance to QHP issuers](#) on federal and partnership marketplaces provides a technical overview of ECP requirements for 2014 (see Chapter 1, Section 1). QHPs in these marketplaces must meet one of three standards: a “safe harbor” where the plan contracts with 20 percent of ECPs in their service area, including contracting with all Indian providers and at least one ECP in each county in each of the six categories listed above; a “minimum expectation” of participation by at least 10 percent of ECPs in their service area and a narrative justification of adequacy; or a detailed narrative justification of how the issuer’s provider network(s) will provide access for low-income and medically underserved enrollees, and how the issuer plans to increase ECP participation in future years.

Alternative rules apply to health plans that deliver services mainly through employed physicians or a single contracted medical group. Also, state-based marketplaces may have differing rules about ECPs; for example, [Connecticut](#) requires QHPs to include 75 percent of ECPs in any county, and 90 percent of FQHCs.

- **Identify implementation resources.** Watch [State Refor\(um\)](#) for more detail about state implementation decisions. HRSA’s [new ACA website](#) also has useful information and [webinars](#), as do sites like the [National Academy for State Health Policy](#) (NASHP) and [Health Reform GPS](#).
- **Identify opportunities to connect with plans.** The [Maryland Health Benefit Exchange](#) is organizing a series of regional “Meet and Greet” events through spring 2013, and the state’s Community Health Resources Commission has [conducted surveys](#) to help ECPs prepare to participate in QHPs.. Safety net providers may wish to work with their state-based marketplaces and departments of insurance to arrange similar events.
- **Prepare to negotiate.** NASHP released a [paper](#) and [webinar](#) in 2012 that outlined considerations for safety net providers in regard to QHPs, including a discussion of payment rate negotiation and the need to demonstrate value. Note that QHPs and Federally Qualified Health Centers may agree to payment rates that differ from Prospective Payment System rates.
- **Work fast.** The deadline for QHP submission in federally facilitated marketplaces for the 2014 plan year is **April 30, 2013**; for partnership states, it is **July 31, 2013**. State-based marketplaces vary, but decisions will be made in spring and summer 2013.

\*Specified hospitals include Disproportionate Share Hospitals (DSH) and DSH-eligible Hospitals, Children’s Hospitals, Rural Referral Centers, Sole Community Hospitals, Free-standing Cancer Centers, and Critical Access Hospitals.

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