Why the Affordable Care Act Matters for Women: Access to Essential Community Providers

OCTOBER 2015

The Affordable Care Act (ACA) is the greatest advance for women’s health in a generation. Not only does the ACA provide more affordable, comprehensive health care options, but it also helps ensure that women have access to key community health providers and hospitals, known as essential community providers (ECPs).

Essential Community Providers and the Affordable Care Act

ECPs play a critical role in delivering a variety of necessary health services to medically underserved and lower-income individuals. These clinics and hospitals – family planning clinics, sexually transmitted infection clinics and community health centers, among other facilities – help guarantee that all women have access to appropriate local health care. The ACA requires plans sold in the marketplace to contract with ECPs to help ensure that women and men are able to access these community providers. The requirements take the form of contracting standards, which direct health plans on how many ECPs they must include as part of their networks.

General ECP Standard

The ACA requires all qualified health plans (QHPs) that use a provider network to include a sufficient number and geographic distribution of ECPs in their networks, ensuring that low-income people or those living in health professional shortage areas (HPSAs) have reasonable, timely access to the providers they need. These health plans must also meet the marketplace’s network adequacy standards.

In addition, under the federal standard for the 2016 plan year, QHPs sold through HealthCare.gov are required to:

- Include in their networks at least 30 percent of ECPs in each plan’s service area;
- Offer good-faith contracts to all Indian health care providers in the service area; and
- Provide good-faith contracts to at least one ECP in each specified category in each county in the service area, as long as an ECP in that category is available and provides services by the insurer’s plan type.
All HealthCare.gov QHPs must contract with specific categories of ECPs: Family planning providers, federally qualified health centers, hospitals, Indian health care providers, Ryan White providers (HIV/AIDS care providers) and other ECP providers (which may include STD clinics, community mental health centers and others). Family planning clinics and women’s health centers, in particular, are a very important part of the ECP network. Family planning centers serve millions of people and provide essential health services. For many women, these clinics are their only source of health care.

If a QHP sold through HealthCare.gov fails to meet the general ECP standard, it must provide a written justification describing (1) how its network provides an adequate level of services for low-income enrollees and enrollees living in HPSAs, and (2) how the plan will strengthen its provider network toward meeting the ECP standard before the beginning of the next benefit year.

**Alternative ECP Standard**

In addition to the general ECP standard, there is also an alternative ECP standard for certain types of QHPs. QHP issuers that provide most covered services through physicians employed by the insurance company or a single contracted medical group (integrated delivery systems) are most likely to use the alternative ECP standard. They must have a sufficient number and geographic distribution of providers and hospitals to make sure that low-income individuals or people living in HPSAs have reasonable, timely access to services. They must also meet the marketplace’s network adequacy standards.

In addition, under the alternative federal standard for the 2016 plan year, QHPs sold through HealthCare.gov are required to show that:

- Looking at the issuer’s employed or contracted providers that are located in HPSAs of low-income zip codes (zip codes where 30 percent or more of residents fall below 200 percent of the federal poverty level), the plan includes in its network at least 30 percent of its employed or contracted providers located in a HPSA or low-income zip code in the plan’s service area (where multiple providers at a single location count as one ECP);

- The integrated delivery system provides access to all categories of services provided by entities in each of the ECP categories in each county in the plan’s service area. For example, the delivery system has to provide family planning services as well as HIV/AIDS services. Alternatively, if the issuer cannot show it provides all categories of services within its integrated delivery system, it must offer a contract to at least one ECP in each ECP category in each county in the plan’s service area to provide required services.

(States that run their own marketplaces do not have to abide by these additional federal rules and may establish their own specific guidelines for ECP contracting.)

(States that run their own marketplaces do not have to abide by these additional federal rules and may establish their own specific guidelines for ECP contracting.)

As with the general ECP standard, HealthCare.gov QHPs that opt for the alternative ECP standard but fail to meet its requirements must provide a written justification describing (1) how its network provides an adequate level of services for low-income enrollees and
enrollees living in HPSAs, and (2) how the plan will strengthen its provider network toward meeting the ECP standard before the beginning of the next benefit year.\textsuperscript{12}

These standards are essential to ensuring that everyone receives timely and appropriate health care services. Requiring QHPs to contract with ECPs establishes critical protections for the insured by facilitating patient access to local, community-based primary and preventive care.


\textsuperscript{4}See note 1.

\textsuperscript{5}See note 3.


\textsuperscript{7}See note 2.

\textsuperscript{8}See note 2.

\textsuperscript{9}See note 2.

\textsuperscript{10}See note 2.

\textsuperscript{11}See note 1.

\textsuperscript{12}See note 2.