

SAMPLE CONTRACT ENGAGEMENT LETTER

[DATE]

[PAYER NAME]

[ADDRESS]

RE: Network inclusion as an Essential Community Provider (ECP)

Dear [THIRD-PARTY PAYER]:

[AGENCY NAME] serves nearly [XXXXX] patients annually by providing a wide range of quality reproductive health care services at our [XX] health centers. We have served women and men of all ages since [INSERT DATE], and our services are provided by licensed health care professionals, including licensed medical doctors, nurse practitioners, and pharmacists.

As you are aware, issuers are required to include in their network a number of Essential Community Providers (ECP) in the service area in order to be considered a qualified health plan (QHP). [AGENCY NAME], as a Title X provider with 340B status, is classified as an ECP, and our health centers are identified as ECP Family Planning Providers on the Essential Community Providers list released recently by the Centers for Medicare and Medicaid Services.

We encourage you to participate in the Health Insurance Exchange to ensure that citizens are provided with a variety of options in the marketplace. Additionally, we strongly encourage you to include [AGENCY NAME] health centers in your provider network, which will assist your company in meeting the standards for ECP inclusion for plans in the Exchange. Including [AGENCY NAME] in your network will also ensure that individuals insured by your plans have access to trusted family planning services in their area. The process can easily be started with a simple letter of intent to include [AGENCY NAME] in your network, with additional details worked out in the coming months.

We look forward to hearing from you regarding your decision allow [AGENCY NAME] to begin the process of joining your provider network. Please don't hesitate to contact me with any questions.

Regards,

[CEO NAME]

President and CEO

[AGENCY NAME]