

Medical Essential Community Providers

All fields marked with an asterik (*) are required. To validate the template, press the validate button or Ctr
If the contracted provider does not have an NPI, please leave the field blank.

Provider Name must be unique.

If you do not qualify for the alternate ECP standard, select from ECP Category and select NA for Provider

If you qualify for the alternate ECP standard, select from Provider Type and select NA for ECP Category.

Click the Display Network IDs button (or press Ctrl + Shift + N) to display the networks in the drop-down b

Company Legal Name*		
HIOS Issuer ID*		
Issuer State*		
National Provider Number (NPI)	National Provider Name	Issuer Type* [General Standard Issuer or Alternate Standard Issuer]

I + Shift + V. To finalize the template, press the finalize button or Ctrl + Shift + F.

Type.

box in the Network IDs column based on networks listed in the Network ID template.

Provider Type*	ECP Category*	Street Address*
[Alternate Standard Issuers only]	[General Standard Issuers only]	

Street Address 2
Optional

City*

State*

Zip*

On ECP List?*

Network IDs*

AK	click here to select
AL	
AR	
AS	Yes
AZ	No
CA	
CO	
CT	
DC	
DE	
FL	
FM	
GA	
GU	
HI	
IA	
ID	
IL	
IN	
KS	
KY	
LA	
MA	
MD	
ME	
MH	
MI	
MN	
MO	
MP	
MS	
MT	
NC	
ND	
NE	
NH	
NJ	
NM	
NV	
NY	
OH	
OK	
OR	
PA	
PR	
PW	
RI	
SC	

SD
TN
TX
UT
VA
VI
VT
WA
WI
WV
WY