

ECP Screenshots

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ECP Introduction & Setup

Select ECPs

Select ECPs

You must add and complete ECP details.

[Add ECPs](#) [Remove ECPs](#)

[Search](#)

| ECP Reference Number | NPI | Site Street Address | | | |
|----------------------|------------|---|----------|--|---|
| TX-010329 | 1265810642 | 1749 Pine St Abilene, TX 79601-3043 Taylor | -Select- | | Edit Remove |
| TX-023134 | 1134556798 | 212 S Leggett Dr Abilene, TX 79605-1628 Taylor | -Select- | | Incomplete Edit Remove |
| TX-023135 | 1699741975 | 2626 S Clack St Abilene, TX 79606-1557 Taylor | -Select- | | Incomplete Edit Remove |

- Select-
- Contract Executed
- Contract Offer Made-Awaiting Response
- Pre-contract Negotiations in Progress (Offer Not Made Yet)
- Offer Rejected
- Contract Not Offered Due to No Response Following Issuer Outreach
- Facility Closed
- Facility Does Not Contract and Has No Interest to Contract with Commercial Insurance
- Facility Does Not Provide Medical Services
- Facility Does Not Provide Dental Services
- Provider is in an Exclusivity Contract That Prohibits Us From Contracting With Them
- Provider is Not Licensed, Accredited, or Certified by the State
- Provider Has Relocated Outside Service Area Preventing Us From Contracting With Them

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[Search](#)

[Download ECPs \(CSV\)](#)

| ECP Reference Number | NPI | Site Street Address | Negotiation Status | Network ID | Status & Action |
|----------------------|------------|---|--------------------|------------|---|
| TX-010329 | 1265810642 | 1749 Pine St Abilene, TX 79601-3043 Taylor | -Select- | | Incomplete Edit Remove |
| TX-023134 | 1134556798 | 212 S Leggett Dr Abilene, TX 79605-1628 Taylor | -Select- | | Incomplete Edit Remove |
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1415. This information collection requires QHP issuers, including SADP issuers, to ensure access to a sufficient number and geographic distribution of essential community providers (ECPs), where available, that serve predominantly low-income, medically underserved individuals. The time required to complete this information collection is estimated to average less than 1,458 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under 2702(c) of the Public Health Service Act and will be kept private in accordance with regulations at 45 CFR 155.260, Privacy and Security of Personally Identifiable Information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850 and Elizabeth.Hechtman@cms.hhs.gov, Attention: Information Collections Clearance Officer.

| | |
|---------------------------------------|--------------------------|
| Application 41549TX-2025-07 | Plan Year 2025 |
|---------------------------------------|--------------------------|

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- ECP Introduction & Setup
- Select ECPs**

Edit Details: TX-010329

GIID

ECP Details

| | |
|---|--|
| ECP Reference Number TX-010329 | National Provider Identifier (NPI) 1265810642 |
| Provider Site Name Abilene Community Health Center | Organization Name TEXASTECH UNIVERSITY HEALTH SCIENCES CENTER |

Site Street Address
1749 Pine St
Abilene, TX 79601-3043 Taylor

ECP Categories

- Federally Qualified Health Centers - Medical Services

Provider contract Details


All fields are required.

Negotiation Status
Once you select a negotiation status, additional required fields will display.

Select: _____

Network ID

Edit Details: TX-010329



ECP Details

| | |
|---|--|
| ECP Reference Number TX-010329 | National Provider Identifier (NPI) 1265810642 |
| Provider Site Name Abilene Community Health Center | Organization Name TEXASTECH UNIVERSITY HEALTH |

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Select: _____

Network ID
