Description and Purpose of the Final CMS Essential Community Providers List for the 2018 Plan Year

DESCRIPTION OF FINAL CMS LIST OF ESSENTIAL COMMUNITY PROVIDERS:

For the 2018 plan year, the Centers for Medicare & Medicaid Services (CMS) is releasing a final list of Essential Community Providers (ECPs) to assist issuers with identifying providers that qualify for inclusion in an issuer's plan network toward satisfaction of the ECP standard under 45 CFR 156.235 for the 2018 plan year. Under that regulation, ECPs are defined as providers who serve predominantly low-income, medically underserved individuals. They include health care providers defined in section 340B(a)(4) of the Public Health Service (PHS) Act; entities described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act (SSA), including State-owned family planning service sites, governmental family planning service sites, not-for-profit family planning service sites that do not receive 340B-qualifying funding, including under Title X of the PHS Act; or Indian health care providers, unless any of the above providers has lost its status under either section, 340(B) of the PHS Act or 1927 of the Act, as a result of violating Federal law.

This final CMS ECP list contains the following types of essential community providers:

- Family planning providers receiving Federal funding under Title X of the PHS Act and not-for-profit or governmental family planning service sites that do not receive Federal funding under Title X of the PHS Act or other 340B-qualifying funding
- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes
- Health centers providing dental services
- Hospitals: Critical Access Hospitals, Rural Referral Centers, Disproportionate Share (DSH), DSH-eligible Hospitals, Children's Hospitals, Sole Community Hospitals, Free-standing Cancer Centers
- Indian health care providers, which include providers participating in programs operated by 1) the Indian Health Service; 2) a Tribe or Tribal organization under the authority of the Indian Self-Determination and Education Assistance Act; and 3) an urban Indian organization under the authority of Title V of the Indian Health Care Improvement Act
- Ryan White HIV/AIDS Program providers
- Other providers that serve predominantly low-income, medically underserved individuals, including Black Lung Clinics, Community Mental Health Centers, Hemophilia Treatment Centers, Rural Health Clinics, Sexually Transmitted Disease Clinics, Tuberculosis Clinics

Providers included on the final CMS ECP list for the plan year 2018 reflect those providers who submitted an online ECP petition between December 9, 2015 and October 15, 2016 and were approved by CMS for inclusion on the ECP list through the ECP petition review process.

This final CMS list of ECPs for the plan year 2018 is not exhaustive and does not include every provider that participates or is eligible to participate in the 340B drug program, every provider that is described under section 1927(c)(c)(1)(D)(i)(IV) of the SSA, or every provider that may otherwise qualify under 45 CFR 156.235. While CMS is providing this updated final list for the 2018 plan year, CMS encourages providers who do not appear on the ECP list but believe they satisfy the ECP inclusion criteria, as outlined within the ECP petition, to submit an online ECP petition to CMS for inclusion on the ECP list for the plan year 2019. The ECP petition is available at https://data.healthcare.gov/cciio/ecp_petition.

CMS collects provider data directly from providers through the ECP petition and does not accept petitions from third-party entities on behalf of the provider. Third-party entities include issuers, advocacy groups,

State departments of health, State-based provider associations, and providers other than the provider that is the subject of the petition. However, if one of the above entities owns or is the authorized legal representative of an ECP, it may submit a petition on behalf of the provider. For example, a local health department that operates its own family planning clinics may appropriately petition for those clinics.

PURPOSE OF CMS LIST OF ECPs:

CMS will use this final ECP list as the basis for determining the number of available ECPs in the Qualified Health Plan's (QHPs) service area. In other words, the denominator of the percentage of available ECPs included in the issuer's provider network(s) includes ECPs in the QHP's service area that are listed in the CMS list of ECPs. All providers included in a QHP issuer's application and that meet the Federal regulatory standard and appear on this final CMS ECP list for the 2018 plan year will count toward the numerator of the ECP evaluation percentage. Additionally, issuers may use the provider points of contacts on the list to aid in provider network development.

UPDATES TO CMS LIST OF ECPs:

CMS has made significant updates to the provider data on the ECP list for the 2018 plan year. CMS launched the ECP petition initiative in early December 2015 to solicit qualified providers to correct and update their provider data on the ECP list, and solicit qualified providers to petition to be added to the ECP list to ensure a more accurate reflection of the available ECPs in a given service area. Providers who previously appeared on the final ECP list for the 2017 plan year but failed to update their provider data on the ECP list via the ECP petition process between December 9, 2015 and October 15, 2016 have been removed from the final ECP list for the 2018 plan year. However, these providers have an opportunity for inclusion on the ECP list for the 2019 plan year by submitting an ECP petition. Other removals from the list include duplicate provider listings, health facilities that do not accept plans purchased through a Marketplace, and practices that are no longer in business. CMS conducted provider outreach to many of these providers to confirm the appropriateness of their removal from the ECP list.

With respect to hospital ECPs, CMS's provider outreach through the ECP petition process has revealed that the majority of inpatient hospitals offer admitting privileges to practitioners, rather than contracting with or directly employing such practitioners, generating uninterpretable full-time equivalent (FTE) practitioner data reported by inpatient hospitals during earlier ECP petition submission periods. Therefore, in this final ECP list for the 2018 plan year, CMS has replaced uninterpretable FTE data for hospitals with staffed hospital bed counts collected from CMS's Medicare hospital cost reports, the American Hospital Association, the Children's Hospital Association, and directly from the respective hospital providers via the online ECP petition. Similar to the FTE counts for non-hospital ECPs, these hospital bed counts will help inform CMS of a QHP issuer's provider network capacity to ensure reasonable and timely access to hospital ECPs. As with other provider data reflected on this final ECP list, CMS encourages hospital providers to review and update hospital bed data for their respective hospital facilities via the online ECP petition process.

Providers who wish to submit corrections, updates, and requests for inclusion on the CMS ECP list for the 2019 plan year must submit an online ECP petition. The ECP petition is available at https://data.healthcare.gov/cciio/ecp_petition. The ECP petition process will remain open throughout the year for providers to correct and update their data for future plan year ECP list releases.

CMS endeavors to continue improving the ECP list for future years. These efforts include direct provider outreach to ECPs themselves, as well as reviewing the provider data with our Federal partners. We recommend that individual ECPs regularly review their provider data on the CMS ECP list to ensure that their information is up to date. We ask that issuers, trade associations, and other third parties refer concerns about individual provider listings to the respective providers themselves.