



---

**Date:** May 13, 2013

**Subject:** Frequently Asked Questions on Essential Community Providers

**Essential Community Providers**

Q1. What should providers that serve predominantly low-income, medically underserved individuals be aware of as issuers build their qualified health plan (QHP) networks?

A1. Issuers (health insurance companies) are currently building their provider networks to meet new requirements set by the Affordable Care Act (ACA) and may be seeking participation. A provider's uninsured patients may be eligible to participate in and purchase insurance via the Health Insurance Marketplace in your state. Issuers that offer plans on the Health Insurance Marketplaces (sometimes called Exchanges) now have a requirement under the Affordable Care Act to include in their network a sufficient number and geographic distribution of providers that serve predominately low-income, medically underserved individuals (referred to as Essential Community Providers (ECPs)).

Q2. What does this mean for providers that serve predominantly low-income, medically underserved individuals?

A2. At this time, CMS is simply alerting providers that serve predominantly low-income and medically underserved individuals of an important potential new opportunity to participate in a QHP issuer's network. Issuer requirements of providers serving in their networks will vary.

Q3. Is there a list of ECPs?

A3. A non-exhaustive database of ECPs is available at <https://data.cms.gov/dataset/Non-Exhaustive-List-of-Essential-Community-Providers/ibqy-mswq>. See <http://www.cciio.cms.gov/programs/Files/ecp-listing-cover-sheet-03262013.pdf> for a cover sheet explaining the database.

Q4. Will issuers be able to write in ECPs that are not on the list?

A4. Yes, CMS realizes that the list is not exhaustive and that issuers may identify and write in other providers who meet the regulatory standard.

Q5. Is an issuer seeking QHP certification required to do business with my organization?

A5. No, but there is a new requirement for QHP issuers to include a sufficient number and geographic distribution of ECPs in their provider networks participating in the Health Insurance Marketplaces. For Federally-facilitated and State Partnership Marketplaces, this is described in CMS' "Letter to Issuers on Federally-facilitated and State Partnership Exchanges", available at: [http://cciio.cms.gov/resources/regulations/Files/2014\\_letter\\_to\\_issuers\\_04052013.pdf](http://cciio.cms.gov/resources/regulations/Files/2014_letter_to_issuers_04052013.pdf). The Letter to Issuers provides additional background on the ECP requirement. It also notes the expectation that issuers failing to meet a "Safe Harbor" or "Minimum Expectation" standard will offer a narrative justification explaining how the provider network(s) will provide an adequate level of service for low-income and medically underserved enrollees consistent with the regulatory standard. CMS also reserves the right to monitor issuers on a post-certification basis to ensure sufficient ECP participation.

Q6. How does CMS determine what are considered "available" ECPs?

A6. For Federally-facilitated and State Partnership Marketplaces, CMS will use the non-exhaustive database of ECPs found at <https://data.cms.gov/dataset/Non-Exhaustive-List-of-Essential-Community-Providers> as the basis for determining the number of available ECPs in the Qualified Health Plan's (QHP's) service area. This would form the denominator of the percentage of available ECPs included in the issuer's provider networks(s), as referenced in the Letter to Issuers.

Q7. Who should I contact with questions?

A7. If you have questions, please direct them to: [essentialcommunityproviders@cms.hhs.gov](mailto:essentialcommunityproviders@cms.hhs.gov).

Q8. Where can we find information on the ACA and the ECP program?

A8. Please use the following link to obtain additional information on the Affordable Care Act and on the ECP inclusion standard as contained in the "Letter to Issuers on Federally-facilitated and State Partnership Exchanges": [http://cciio.cms.gov/resources/regulations/Files/2014\\_letter\\_to\\_issuers\\_04052013.pdf](http://cciio.cms.gov/resources/regulations/Files/2014_letter_to_issuers_04052013.pdf). If you are located in a state that will operate a State-based Marketplace, please contact the entity that is operating the Marketplace for more information on how the ECP provisions of the Affordable Care Act will be applied in the state. We also suggest identifying and contacting your state's association of insurance issuers.

Q9. Where can we find information on the insurance coverage offered on the Marketplaces?

A9. Please use the following link to obtain more information: <http://www.healthcare.gov/>. Please note that the actual QHPs that will be offered on the Marketplaces will not be available for enrollment until October 1, 2013.

Q10. What is the timeline for this process, and is it too late to contract with issuers?

A10. Issuers will be applying for certification as QHPs through the month of April, but building and maintaining a network will be an ongoing process. The Marketplaces will be available for enrollment starting on October 1, 2013, with initial coverage effective as of January 1, 2014.

Q11. Who should potential ECPs contact in their state to get more information about potential QHPs?

A11. The QHPs that will be offered on the Marketplaces will not be certified until later this year. In the meantime, potential ECPs should contact the insurance carriers' association in their state, which may be aware of health insurance products being submitted for QHP certification. Finally, we also recommend that potential ECPs identify health insurance issuers with the greatest market share in the individual and small group markets, and reach out to those issuers directly.

Q12. How was the Minimum Expectation threshold chosen?

A12. Recognizing that it typically takes issuers 12-18 months to fully contract their networks, we are evaluating issuers using the Safe Harbor standard and Minimum Expectation level (as described in the Letter to Issuers) for Federally-facilitated and State Partnership Marketplaces in the 2014 coverage year. CMS will continue to assess QHP provider networks, including ECPs, and may revise its approach to reviewing for compliance with network adequacy and ECPs in later years.