Description and Purpose of Non-Exhaustive Draft HHS List of Essential Community Providers

DESCRIPTION OF DRAFT HHS LIST OF ECPs:
For the 2016 benefit year, the Centers for Medicare & Medicaid Services (CMS) is releasing a draft updated list of Essential Community Providers (ECPs) to assist issuers in complying with the requirements in 45 CFR 156.235. 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 Act and described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act.

This draft HHS list contains the following essential community providers:
- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes (grantees and others currently active in their scope of project) provided to CMS by the Health Resources and Services Administration (HRSA).
- Ryan White HIV/AIDS program providers.
- Health centers providing dental services (all of the above organizations that have noted to HRSA that they provide dental services in their scope of project).
- Hospitals: Critical Access Hospitals, Rural Referral Centers, Disproportionate Share (DSH) and DSH-eligible Hospitals, Children's Hospitals, Sole Community Hospitals, Free-standing Cancer Centers.
- STD Clinics, TB Clinics, Hemophilia Treatment Centers, Black Lung Clinics.
- Rural Health Clinics. A Medicare-certified Rural Health Clinic is included in the non-exhaustive ECP list if it meets the following two requirements: 1) Based on attestation, it accepts patients regardless of ability to pay and offers a sliding fee schedule; or is located in a primary care Health Professional Shortage Area (geographic, population, or automatic[1]); and 2) Accepts patients regardless of coverage source (i.e., Medicare, Medicaid, CHIP, Marketplace plan, etc.).
- Family planning providers receiving grants under Title X of the Public Health Service (PHS) Act and not-for-profit or governmental family planning service sites that do not receive a grant under Title X of the PHS Act.
- Indian Health Providers: Tribes, Tribal Organization and Urban Indian Organization providers, Indian Health Service Facilities.

This draft HHS list of ECPs is <u>not exhaustive</u> 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 Social Security Act, or providers that might otherwise qualify under the regulatory standard. While CMS is providing this updated draft list for the 2016 benefit year, Qualified

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[1] **Rural Health Clinic Automatic Health Professional Shortage Area Designation**
As of January 1, 2014, more than 1,000 Rural Health Clinics (RHCs) were designated as an automatic Health Professional Shortage Area (HPSA), the criteria for which include accepting patients regardless of ability to pay; offering a sliding fee schedule based on ability to pay (income); and accepting Medicare, Medicaid, and CHIP patients. To receive the automatic HPSA designation, each RHC is required to complete an attestation form, which is available here: http://bhpr.hrsa.gov/shortage/hpsas/certofeligibility.pdf. RHCs that are not listed on the current non-exhaustive ECP list and complete the attestation form to receive an automatic HPSA designation will be included in future non-exhaustive ECP lists. More information about the HPSA designation requirements and process is also available here: http://bhpr.hrsa.gov/shortage/hpsas/ruralhealthhpsa.html.

Health Plan (QHP) issuers may include providers in their QHP application that meet the regulatory standard but do not appear in the HHS list of ECPs. CMS will use this non-exhaustive HHS list of ECPs, together with any CMS-approved ECPs that a respective issuer may write in on their QHP application, as the basis for determining the number of available ECPs in the QHP's 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 HHS list of ECPs, as well as eligible ECPs that a respective issuer lists as ECP write-ins based on ECP write-in criteria provided in the forthcoming 2016 Letter to Issuers.[2] All providers included in a QHP issuer's application that meet the federal regulatory standard will count toward the numerator of the ECP evaluation percentage. Additionally, issuers may use the contacts on the list to aid in provider network development.

PURPOSE OF DRAFT HHS LIST OF ECPs:
CMS is publishing this draft HHS list of ECPs to provide entities on the list an opportunity to notify CMS of any necessary corrections. CMS is soliciting public comments until 5 p.m. EST on January 2, 2015 to improve the accuracy of the list.

CMS considers the following to be within the scope of this solicitation:
1. Detailed corrections to the draft ECP list, including documentation that points CMS to a valid source of data that supports the correction; and
2. Additions to the draft ECP list that contain sufficient data for inclusion in the list, as well as documentation that points CMS to a valid source of data that confirms that the added entity is a member of one of the ECP groups listed above.

Please send corrections or additions to the ECP electronic mailbox at: EssentialCommunityProviders@cms.hhs.gov. Commenters should write in the subject line of the email the following: "Comments on draft ECP list." Do note that CMS, while always interested in optimizing our policy regarding ECPs, will not be able to respond to policy suggestions or other concerns beyond improving the accuracy of the ECP list.

CMS expects to continue monitoring inclusion of ECPs in QHP provider networks, including providers that issuers write in, and will continue to update this HHS list of ECPs in future years.

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[2] The Draft 2016 Letter to Issuers in the Federally-facilitated Marketplaces is available at: http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html.