

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

DESCRIPTION OF THE NON-EXHAUSTIVE HHS LIST OF ECPs:

For the 2017 benefit year, the Centers for Medicare & Medicaid Services (CMS) is releasing an updated 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 2017 benefit 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 and described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act (SSA).

This HHSECP list contains the following essential community providers:

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes
- Ryan White HIV/AIDS Program providers
- Health centers providing dental services
- 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, and Black Lung Clinics
- Rural Health Clinics
- Family planning providers receiving grants 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
- Indian Health Care Providers: Tribal Health Programs operated under P.L. 93-638, Tribal Organization and Urban Indian Organization providers, and Indian Health Service Facilities

Providers included on the HHS final ECP list for the benefit year 2017 were included in one of the verified datasets from our Federal partners [i.e., the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), and the Office of the Assistant Secretary for Health/Office of Population Affairs (OASH/OPA)] as reflected on the Draft 2017 ECP List, or were among the providers who submitted an ECP petition by January 15, 2016 to be added to the ECP list for the benefit year 2017 and were approved by CMS through the ECP petition review process.

This HHS list of ECPs 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)(1)(D)(i)(IV) of the SSA, or every provider that might otherwise qualify under the regulatory standard under 45 CFR 156.235. While CMS is providing this updated list for the 2017 benefit year, Qualified Health Plan (QHP) issuers may continue to write-in providers in their QHP application for consideration that meet the regulatory standard but do not appear in the HHS list of ECPs, as long as the issuer arranges that the written-in provider has submitted an ECP petition to CMS by no later than August 22, 2016. The ECP petition is available at https://data.healthcare.gov/ccii/ecp_petition. HHS is collecting provider data directly from providers through the ECP petition and will 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 own 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 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 2017 Letter to Issuers.¹ 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.

IMPROVEMENTS TO HHS LIST OF ECPs:

CMS has made significant improvements to the accuracy of the provider data on the HHS List of ECPs for benefit year 2017. In addition to coordinating closely with HRSA, IHS, and OASH/OPA to obtain updated provider data from their provider datasets, 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. CMS also solicited 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.

In response to public comments received on the Draft Payment Notice and Letter to Issuers in the Federally-facilitated Marketplaces, we also made some formatting changes to the ECP list for benefit year 2017 to accommodate additional provider data, such as the National Provider Identifier (NPI), the number of full-time equivalent (FTE) practitioners available at each facility, additional ECP category indicators, and points of contacts and phone numbers for each ECP type listed in the ECP list. For providers who remain on the 2017 HHS ECP list with missing data (such as a missing NPI or FTE practitioner count), these providers represent those who have not yet submitted an ECP petition to correct and update their provider data. Although the provider submission window for corrections and updates to be reflected on the final ECP list for the benefit year 2017 closed on January 15, 2016, the ECP petition process remains open throughout the year for providers to correct and update their data for future plan year ECP list releases.

CMS intends to make no additional changes to the ECP list for the 2017 benefit year. We will endeavor to continue improving the accuracy of the provider data for future years. These efforts will include outreach to ECPs themselves, as well as reviewing the provider data with our Federal partners. We recommend that individual ECPs submit an ECP petition to ensure that they remain on the ECP list for future years and regularly review their provider data on the HHS 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 listings to the respective providers themselves.

¹ The Draft 2017 Letter to Issuers in the Federally-facilitated Marketplaces is available at: <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.