ESSENTIAL COMMUNITY PROVIDER PETITION FOR 2017 BENEFIT YEAR
FREQUENTLY ASKED QUESTIONS

Q1. Under what authority is HHS collecting this provider data?

A1. In accordance with section 1311(c)(1)(C) of the Affordable Care Act (ACA), Qualified Health Plans (QHPs), including Stand-alone Dental Plan (SADP) issuers, are required to include within their network essential community providers (ECPs), where available, that serve predominantly low-income, medically-underserved individuals. To satisfy this ECP requirement, QHP and SADP issuers must submit an ECP template as part of their QHP application, in which they must list the ECPs with whom they have contracted to provide health care services to low-income, medically underserved individuals in their service areas. HHS has compiled a list of available ECPs, based on data it and other Federal partners maintain, which has been used as an initial source of ECP information. HHS updates this ECP list annually 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.

Q2. What is the purpose of the Essential Community Provider (ECP) Petition?

A2. The purpose of the ECP petition is to achieve the following:

- To ensure that the ECP list more accurately reflects the universe of qualified available ECPs in a given service area.
- To correct erroneous provider data on the HHS ECP list and collect missing provider data (e.g., National Provider Identifier, facility FTEs, points of contact, etc.).
- To ensure that providers are aware of their status on the HHS ECP list.
- To help inform HHS's future proposals for counting issuers' ECP write-ins toward issuer satisfaction of the ECP standard.

Q3. How does a provider access the Essential Community Provider (ECP) Petition?

A3. Providers may access the ECP petition at the following link: https://data.healthcare.gov/cciio/ecp_petition.

Q4. When should a provider submit its Essential Community Provider (ECP) Petition?

A4. Submit your petition by no later than 11:59 p.m. ET on January 8, 2016, in order for HHS to consider your provider data for the 2017 ECP List. Petitions submitted after January 8, 2016, but by no later than August 22, 2016, will be allowed as a write-in for a respective issuer that has listed the provider on its ECP template for the 2017 QHP certification cycle.

Q5. Can providers submit modifications to a previously submitted Essential Community Provider (ECP) Petition?

A5. Providers can re-submit the ECP petition multiple times until the deadline of January 8, 2016, for modifications to appear on the 2017 HHS ECP list. The version of the petition that the provider submits last will be the petition used to populate the 2017 HHS ECP list. Petitions submitted after January 8, 2016, will be considered for the 2018 HHS ECP list.

Q6. When is the next time that providers can update their provider data on the Essential Community Provider (ECP) list? What should providers do if they have an address or staffing change mid-year?

A6. The ECP petition window will remain open year-round, allowing providers to update their data on an ongoing basis. However, for purposes of adding or correcting data for the final 2017 HHS ECP list, providers must submit their petition by no later than January 8, 2016. Petitions submitted after January 8, 2016, will be considered for the 2018 HHS ECP list.

Q7. How does a provider determine whether it needs to submit an Essential Community Provider (ECP) Petition?

A7. All providers who qualify as an ECP and wish to be added to the ECP list, as well as providers who appear on the existing ECP list and need to correct their data or provide required data that are missing from the ECP list should submit an ECP petition.

Q8. If a provider is already included on the official Draft 2017 HHS Essential Community Provider (ECP) List and its provider data are accurately displayed on the ECP list, does the provider need to complete and submit the ECP Petition?

A8. Yes, a provider that appears on the official Draft 2017 HHS ECP List with accurately displayed data will need to complete several additional required data fields within the ECP petition, such as the provider's National Provider Identifier, facility FTEs, and points of contact.

Q9. When will the final 2017 HHS ECP list be published and how will it be made available?

A9. The final 2017 HHS ECP list will be published during the winter of the 2016 calendar year and made available at the following link: https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html.

Q10. Who is authorized to submit the Essential Community Provider (ECP) Petition?

A10. Authorized petitioners include the following:

- Providers petitioning to make a change to their own HHS ECP listing.
- Providers petitioning to remain, be added to, or be removed from the HHS ECP list.
- Individuals explicitly authorized by the provider to submit the petition on behalf of the provider facility.
- Practitioners who practice within a multi-practitioner facility and are authorized by the facility to submit the petition on behalf of the facility (using the facility-level NPI).
- Solo practitioners petitioning under their individual practitioner NPI.

CMS is not accepting petitions from unauthorized third-party entities, including issuers, advocacy groups, State Departments of Health, State-based provider associations, and providers other than the provider about which the petition is applicable. However, if any of the above entities own or are the authorized legal representatives of an ECP, then they may submit a petition on behalf of a provider.

- For example, a local health department that operates its own family planning clinics may appropriately petition for those clinics.
- In contrast, a State department of health should not attempt to correct ECP listings based on its own database of similar providers.

Q11. How can a provider determine whether it needs to update its provider data on the HHS Essential Community Provider (ECP) list or complete any missing data fields?

A11. Since there are several new data fields (e.g., National Provider Identifier, number of FTEs representing MDs, DOs, PAs, NPs authorized by the state to independently treat and prescribe within the listed facility, etc.) that will be included in the 2017 ECP list, every provider that currently appears on the HHS ECP list will need to provide such missing data through the ECP petition process. A provider can determine whether it needs to update or correct existing provider data on the ECP list by reviewing the draft ECP list available within the petition.

Q12. How does a provider know whether it qualifies to be included on the HHS Essential Community Provider (ECP) list?

A12. A provider can determine whether it qualifies to be included on the ECP list by completing the ECP petition and reading the instructions that accompany each question within the petition. Detailed instructions are available within the “i” icon that appears next to each question within the petition.

Q13. How does a provider know if it is eligible for or participating in a 340B Program?

A13. Please refer to http://www.hrsa.gov/opa/eligibilityandregistration/index.html for a complete list of organizations that are eligible for the 340B program.

Q14. Should practitioners list their individual National Provider Identifier (NPI) or their facility's NPI?

A14. If an individual practitioner practices within the same provider group or organization at the same street location with other affiliated practitioners, the facility NPI should be listed rather than the individual practitioner's NPI. Affiliated practitioners who practice within a multi-practitioner facility should submit a petition only if authorized by the facility to submit on behalf of the facility using the facility-level NPI and indicating the number of FTE practitioners practicing within the facility. In contrast, solo practitioners may submit the petition under their individual practitioner NPI.

Q15. Should a practitioner who works at multiple facilities submit a separate Essential Community Provider (ECP) Petition for each facility?

A15. No, practitioners who practice at multiple facilities should not submit a petition independent of the facilities in which they practice; rather, only individuals authorized by the facility should submit the petition using the facility-level NPI and indicating the number of FTE practitioners practicing within the respective facility. In contrast, solo practitioners may submit the petition under their individual practitioner NPI.

Q16. Should a facility with multiple locations submit an Essential Community Provider (ECP) Petition for each of its facility locations?

A16. Yes, a facility with multiple locations should submit a separate petition for each site location, entering the NPI associated with each of its facility-specific site locations and indicating the number of FTE practitioners practicing only within the facility-specific site location. For a provider that shares the same NPI among its multiple site locations, the provider should still submit a separate petition for each unique site location.

Q17. What should a provider do if they no longer want to be on the HHS ECP list?

A17. If a provider no longer wants to be on the HHS ECP list, then they should select 'Remove' when asked "Are you petitioning to be added to the list, change your data on the list, or remove your facility from the list?" to ensure that the data are removed from the ECP list.

Q18. How can providers confirm that their facility is located in a low-income ZIP code or Health Professional Shortage Area (HPSA)?

A18. Providers can determine if their facility is located in a low-income ZIP code or Health Professional Shortage Area (HPSA) by referencing the HHS "Low-Income and HPSA ZIP Code Listing," available at http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html.

Q19. How does HHS plan to verify my ECP category that I list in my Essential Community Provider (ECP) Petition?

A19. CMS coordinates closely with its Federal partners, including 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) to update the ECP list annually and review requested corrections and additions received directly from providers. If CMS is unable to verify a provider's specific ECP category with our Federal partners but can verify that the provider otherwise qualifies as an ECP, CMS may default the provider's ECP category listing to the "Other ECP Providers" category until such verification can be made.

Q20. Must all providers be located in a low-income ZIP code or Health Professional Shortage Area (HPSA), accept patients regardless of ability to pay, and offer a sliding fee schedule to successfully submit the Essential Community Provider (ECP) Petition?

A20. A provider that has been included in one of the verified datasets from our Federal partners (i.e., HRSA, IHS, OASH/OPA) as reflected on the Draft 2017 ECP List, or is a not-for-profit or governmental family planning service site that does not receive Federal funding under Title X of the PHS Act or other 340B-qualifying funding, is not required to be located in a low-income ZIP code or HPSA, accept patients regardless of ability to pay, or offer a sliding fee schedule, because these entities have been recognized as ECPs under section 1311(c)(1)(C) of the ACA and regulations at 45 CFR 156.235. All other providers must be located in a low-income ZIP code or HPSA, accept patients regardless of ability to pay, and offer a sliding fee schedule to successfully submit the ECP petition.

Q21. What is meant by a sliding fee schedule and is it equivalent to a percentage discount program?

A21. A percentage discount program is not equivalent to a sliding fee schedule. In a sliding fee schedule, a consumer could have zero cost, but in a percentage discount program, a consumer would still have costs that could be potentially burdensome. For example, a very low-income consumer could have zero out-of-pocket cost when a sliding fee schedule is applied to a medical procedure that costs $1,000. Whereas, in a percentage discount program, even if the

provider applies a ninety percent discount, the consumer would have to pay $100, which could be burdensome for a very low-income consumer.

Q22. Can a provider list a P.O. Box for its site address within the Essential Community Provider (ECP) Petition?

A22. No, a P.O. Box is not acceptable for a provider's site address, because the site address must reflect the location at which patients receive health care services from the provider. If a P.O. Box is currently included as the site address on the Draft 2017 ECP List, the provider should replace the P.O. Box with a street address using the ECP petition.

Q23. When indicating the number of contracts executed with Qualified Health Plan (QHP) issuers, should providers indicate only those contract offers made in good faith? And what constitutes a good faith contract offer?

A23. Yes, providers should indicate only those contract offers by QHP issuers made in good faith. As stated in the established policy in the Final 2016 Letter to Issuers in the Federally-facilitated Marketplaces, a good faith contract should offer terms that a willing, similarly situated, non-ECP provider would accept or has accepted. Collecting this information will assist CMS in better determining issuer compliance with the ECP requirements pertaining to the offering of contracts in good faith to qualified ECPs.

Q24. Whom can providers contact regarding technical issues with the Essential Community Provider (ECP) petition?

A24. If you need technical assistance, click the "**Need Help?"** button within the ECP petition or email your question(s) to the following mailbox: *EssentialCommunityProviders@cms.hhs.gov*.