ESSENTIAL COMMUNITY PROVIDER PETITION FOR 2018 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 to assist issuers with identifying qualified ECPs for inclusion in their provider networks toward satisfaction of the ECP standard under 45 CFR 156.235. Providers included on the draft HHS ECP list for the benefit year 2018 reflect those providers who submitted an ECP petition between December 9, 2015 and July 11, 2016 and were approved by CMS for inclusion on the ECP list through the ECP petition review process. HHS updates this ECP list annually through the online ECP petition process available at https://data.healthcare.gov/cciio/ecp_petition.

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 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; and
- To ensure that providers are aware of their status on the HHS ECP list.

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 October 15, 2016, in order for HHS to consider your provider data for the final HHS ECP list for the benefit year 2018.

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 October 15, 2016, for modifications to appear on the 2018 HHS ECP list. The version of the petition that the provider submits last will be the petition used to populate the 2018 HHS ECP list.

Q6. How does a provider determine whether it needs to submit an Essential Community Provider (ECP) Petition?

A6. 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.

Q7. If a provider previously appeared on the final HHS ECP List for the 2017 benefit year, does the provider need to complete and submit the ECP Petition again to remain on the ECP list for the 2018 benefit year?

A7. CMS has made significant updates to the provider data on the HHS ECP list for the 2018 benefit year. A provider can determine whether it needs to update or correct existing provider data on the ECP list by reviewing its data on the draft ECP list available within the online petition and determining whether its facility falls into any of the following three provider groups.

- Providers who previously appeared on the final HHS ECP list for the 2017 benefit year and updated their provider data on the ECP list via the online ECP petition process between December 9, 2015 and July 11, 2016 are included on the draft 2018 ECP list.
- Providers who previously appeared on the final HHS ECP list for the 2017 benefit year but failed to update their provider data on the ECP list via the online ECP petition process between December 9, 2015 and July 11, 2016 have been removed from the draft ECP list for the 2018 benefit year. These providers have an opportunity for inclusion on the final ECP list for the 2018 benefit year by submitting an ECP petition by October 15, 2016.
- Providers who appear on the draft ECP list for the 2018 benefit year but having missing hospital bed counts or full-time-equivalent practitioners will be removed from the final ECP list for the 2018 benefit year unless these providers complete the missing data fields via the online ECP petition process by October 15, 2016.

Q8. How does a provider know whether it qualifies to be included on the HHS Essential Community Provider (ECP) list?

A8. 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.

Q9. 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, staffing change, or any other change mid-year?

A9. 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 2018 HHS ECP list, providers must submit their petition by no later than October 15. Petitions submitted after October 15, 2016, will be considered for the 2019 HHS ECP list.

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

A11. Please refer to http://www.hrsa.gov/opa/eligibilityandregistration/index.html for a complete list of organizations that are eligible for the 340B program.

Q12. Should practitioners list their individual National Provider Identifier (NPI) or their facility's NPI?

A12. 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.

Q13. Should a practitioner who works at multiple facilities submit a separate Essential Community Provider (ECP) Petition for each facility?

A13. 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.

Q14. Should a facility with multiple locations submit an Essential Community Provider (ECP) Petition for each of its facility locations?

A14. 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. In those instances, we would expect the same NPI to be entered for each of those locations.

Q15. How can providers confirm that their facility is located in a low-income ZIP code or Health Professional Shortage Area (HPSA)?

A15. 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 List," available at http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html.

Q16. What should a provider do if they no longer want to be on the HHS ECP list?

A16. 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 its facility is removed from the ECP list.

Q17. Should an inpatient hospital facility provide the number of its full-time-equivalent practitioners or its number of staffed hospital beds?

A17. An inpatient hospital facility should provide its number of staffed hospital bed counts, rather than its full-time equivalent practitioners. HHS's provider outreach through the ECP petition process this past year revealed that the majority of inpatient hospitals offer admitting privileges to practitioners, rather than contracting with or directly employing practitioners, generating uninterpretable full-time equivalent (FTE) practitioner data reported by inpatient hospitals during earlier ECP petition submission periods. To remedy this for the draft HHS ECP list for the 2018 benefit year, HHS has replaced uninterpretable FTE data reported by inpatient hospitals with staffed hospital bed counts collected from CMS's Medicare hospital cost reports, the American Hospital Association, and the Children's Hospital Association.

Similar to the FTE counts for non-hospital ECPs, these hospital bed counts will help inform HHS of a QHP issuer's provider network capacity to ensure reasonable and timely access to hospital ECPs. As with other provider data reflected on the draft HHS ECP list, CMS encourages hospital providers to review and/or provide any missing hospital bed data for their respective hospital facilities via the online ECP petition process by October 15, 2016, to ensure inclusion on the final HHS ECP list for the 2018 benefit year.

Q18. Should a hospital report its inpatient and outpatient facilities using the same ECP petition?

A18. No, a hospital should report its inpatient and outpatient facilities using separate ECP petitions to ensure that its inpatient hospital beds are reflected separately from its hospital outpatient clinic full-time-equivalent practitioners.

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 its 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 category 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. 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 qualify for inclusion on the ECP list, unless the provider falls into one of the following groups that are exempt from these requirements:

- Indian health care providers
- Rural Health Clinics
- Providers who are eligible or participating in the 340B program
- 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

The above provider groups are exempt from these requirements, 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 for inclusion on the ECP list.

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.

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 2017 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. When indicating the number of contracts executed with Qualified Health Plan (QHP) issuers, should providers indicate only those contracts executed with insurance companies (i.e., issuers) operating in the Marketplace or all executed health insurance contracts?

A24. The number of contracts should reflect only those contracts that the provider has executed with Qualified Health Plan (QHP) issuers operating in the Marketplace for the plan year 2017.

Q25. Why does the row number that I found on the ECP list for my provider facility auto-populate another provider's data when I enter that same row number in the ECP Petition?

A25. Please use the row number (column A) from the draft 2018 ECP list that is embedded within the ECP petition. The provider row numbers for last year's final 2017 ECP list compared to this year's draft 2018 ECP list are very different because of the removal and addition of providers. When identifying your row number for your facility, please follow the instructions provided for questions 6 and 7 within the ECP petition, which guides providers to click on the "Check to see if you are on the list" button beside question 6 to correctly identify your row number from the draft 2018 ECP list. You may then enter your correct row number in question 7 to auto-populate and update your provider data using the petition. You can confirm that you are relying on the correct version of the list (i.e., the draft 2018 ECP list) by confirming that the row number (column A on the ECP list) for your facility begins with "9918xxxxx."

Q26. When will the final 2018 HHS ECP list be published and how will it be made available?

A26. HHS anticipates that the final 2018 HHS ECP list will be published during the fall of the 2016 calendar year at the following link: https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html.

Q27. Whom can providers contact regarding technical issues with the Essential Community Provider (ECP) petition?

A27. If you need technical assistance, click the "**Need Help?**" button within the ECP petition and email your question(s) to the following mailbox: *EssentialCommunityProviders@cms.hhs.gov*.