



Date: June 12, 2014

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 <http://www.cms.gov/cciiio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>. To download the list, select the "Non-exhaustive HHS List of Essential Community Providers" in the "Other QHP Application Resources" section at the bottom of the page. A cover sheet explaining the database is available at: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/ECP-listing-cover-sheet-041714-FINAL.pdf>

A4: How does a provider request to be added to the ECP list?

Q4: The non-Exhaustive HHS list of ECPs is derived from the HHS programs that qualify for participation in the 340B discount drug program authorized under section 340B of the PHS Act or described under section 1927(c)(1)(D)(i)(IV) of the Social Security Act. However, CMS

allows issuers to write in any providers that meet the regulatory definition of an essential community providers, including providers that are currently eligible to participate in programs offered under section 340B of the Public Health Service (PHS) Act or section 1927(c)(1)(D)(i)(IV) of the Social Security Act, but that are not included on the HHS-developed list, or not-for-profit or state-owned providers that would be entities described in section 340B, but do not receive federal funding under the relevant section of law referred to in section 340B. Such providers include not-for-profit or governmental family planning service sites that do not receive a grant under Title X of the PHS Act.

Providers who believe that they should be included on the non-exhaustive HHS list of ECPs, based on qualifying for participation in the 340B discount drug program authorized under section 340B of the PHS Act or described under section 1927(c)(1)(D)(i)(IV) of the Social Security Act, may contact CMS via email at essentialcommunityproviders@cms.hhs.gov, describing their specific qualification. Such providers should also contact the federal entity that provided their funding grant, and request to update their information, so that the information can be corrected in the system of record on which CMS relies for maintaining the non-exhaustive HHS list of ECPs. The HHS non-exhaustive ECP listing is refreshed annually, and may be updated periodically after the annual refresh.

Q5. Will issuers be able to write in ECPs that are not on the list?

A5. Yes, CMS realizes that the list is not exhaustive and that issuers may identify and write in other providers who meet the regulatory standard.

Q6. Is an issuer seeking QHP certification required to do business with a particular ECP?

A6. 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 Marketplaces, this is described in CMS's "2015 Letter to Issuers in the Federally-facilitated Marketplaces," available at: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-final-issuer-letter-3-14-2014.pdf>. The Letter to Issuers provides additional background on the ECP requirement. It also notes the expectation that issuers failing to meet the ECP guideline, whereby an application demonstrates at least 30 percent of available ECPs in each plan's service area participate in the provider network, 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.

Q7. How does CMS determine what are considered "available" ECPs?

A7. For Federally-facilitated Marketplaces, CMS will use the non-exhaustive database of ECPs found at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html> as the basis for determining the number of available ECPs in the 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.

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 “2015 Letter to Issuers in the Federally-facilitated Marketplaces”: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-final-issuer-letter-3-14-2014.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 November 15, 2014.

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

A10. Issuers will be submitting initial information to apply for certification as QHPs through the month of June and will have an opportunity to revise this information throughout the summer if necessary. However, we note that building and maintaining a provider network is an ongoing process. The Marketplaces will be available for enrollment starting on November 15, 2014, with initial coverage effective as early as January 1, 2015.

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 Marketplace health insurance issuers participating in the individual and small group markets, and reach out to those issuers directly.

Q12. How was the increase in the ECP threshold for the general ECP inclusion standard determined for benefit year 2015?

A12. An application for QHP certification that adheres to the general ECP inclusion standard does not need to provide further documentation. For benefit year 2015, we will utilize a general ECP enforcement guideline whereby if an application demonstrates that at least 30 percent of available ECPs in each plan’s service area participate in the provider network, we will consider the issuer to have satisfied the regulatory standard. In addition, and as required for the prior year, we expect that the issuer offer contracts in good faith to all available Indian health providers in the service area, and at least one ECP in each ECP category in each county

in the service area, where an ECP in that category is available. To be offered in good faith, a contract should offer terms that a willing, similarly-situated, non-ECP provider would accept or has accepted. We would expect issuers to be able to provide verification of such offers if CMS chooses to verify the offers. As only one issuer submitted a justification for the 2014 benefit year as a means to satisfy the 20 percent ECP threshold, we anticipate that issuers will readily be able to contract with at least 30 percent of ECPs in a plan's service area and that issuers will largely be able to satisfy this without having to submit a written justification.

Q13. Whom should I contact with questions?

A13. If you have questions, please direct them to:
essentialcommunityproviders@cms.hhs.gov.