



# Health Care Reform in Indian Country

Self-Governance Communication & Education

*Self-Governance Tribes Striving Towards Excellence in Health Care*

**-- IMPORTANT NOTICE: Action Needed by January 8, 2016 --**

**Maintain Status on the HHS Essential Community Provider List<sup>1</sup>**

December 18, 2015

- **On December 16, 2015, the TSGAC hosted a Webinar regarding the “New Process to Retain Status as an Essential Community Provider (ECP)” [Click Here].** This brief provides guidance to Indian health care providers (IHCPs) on the action needed to remain or obtain placement on the list of ECPs maintained by the federal Department of Health and Human Services (HHS ECP List) in benefit year 2017.
- **Issuers of qualified health plans (QHPs) offered on a Health Insurance Marketplace use the HHS ECP List to identify ECPs operating in their service areas. QHP issuers must include a certain percentage of ECPs in their provider networks and must offer contracts to all IHCPs operating in the QHP’s service area that are on the HHS ECP List, as well as meet other requirements specifically pertaining to IHCPs.**

## Background

HHS has established criteria that calls for “the inclusion of a sufficient number and geographic distribution of ECPs, where available, in QHP issuer networks to ensure reasonable and timely access to a broad range of such providers in their service areas.” Federal regulations define ECPs as health care providers serving predominantly low-income, medically-underserved individuals and **specify IHCPs as one type of ECP**. Under federal regulations, **QHP issuers must offer a contract to each IHCP operating in the QHP’s service area.**

HHS has compiled what the agency refers to as a “non-exhaustive list of available ECPs”, based on data it and other federal agencies maintain, that has served as an initial source of ECP information. The non-exhaustive HHS ECP list for benefit year 2016 is available at <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>. HHS updates this list annually to assist issuers with identifying IHCPs and other providers that qualify for inclusion in issuer networks toward satisfaction of the ECP standard. Currently, issuers also can include qualified providers not on the HHS ECP List when calculating whether they have met the ECP requirements. Currently, the majority of issuers rely more on write-ins than the HHS ECP List to satisfy the ECP standard.

## Provider Petition Requirement for Benefit Year 2017

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<sup>1</sup> This brief is for informational purposes only and is not intended as legal advice. For questions on this brief, please contact Doneg McDonough, TSGAC Technical Advisor, at DonegMcD@Outlook.com.

To remain on the HHS ECP List for 2017, or to be added to the HHS ECP List for 2017, IHCPs and other ECPs must update their current entry or submit a new entry (referred to as a “petition”) for inclusion on the HHS ECP List. **Updating an existing entry or petitioning for a new entry must take place between *December 9, 2015, and January 8, 2016.***

For the 2017 benefit year and beyond, HHS is attempting to build a more robust listing of the universe of available ECPs. In addition, HHS is adding a number of new (and required) data fields for ECPs included on the HHS ECP List. **Because of the addition of several new data fields for the HHS ECP List for benefit year 2017, every provider that currently appears on the list, including IHCPs, will need to provide this missing data.** And by updating an entry, an IHCP will be confirming their interest in remaining on the HHS ECP List. In addition, IHCPs and other providers that seek to obtain placement on the HHS ECP List for the first time must submit a petition during the December 9, 2015 to January 8, 2016 timeframe. The petition is available at [https://data.healthcare.gov/ccio/ecp\\_petition](https://data.healthcare.gov/ccio/ecp_petition).<sup>2</sup>

HHS will accept new provider petitions and updates of existing entries only through the on-line website. All ECPs, including IHCPs, must complete all required data fields.

Detailed instructions for completing each question appear within the petition and in section E of the HHS guidance document titled “Instructions for the Essential Community Provider Petition for the 2017 Benefit Year” (see attachment below). Additional information on the petition is available in the HHS guidance document titled “Essential Community Provider Petition for 2017 Benefit Year: Frequently Asked Questions” (see attachment below).

**Link to Website:**

[https://data.healthcare.gov/ccio/ecp\\_petition](https://data.healthcare.gov/ccio/ecp_petition)

**Link to FAQs:**

<https://data.healthcare.gov/dataset/ECP-Petition-FAQs-12-07-15/igr2-dm75>

**Link to ECP Provider Petition Instructions:**

The instructions are embedded in the ECP Petition website (by clicking on Information icons). In addition, a copy of the ECP Provider Petition Instructions may be accessed on the TribalSelfGov.org website at [<http://tribalselfgov.org/wp/wp-content/uploads/2015/12/ECP-Provider-Petition-Instructions-12-09-15.pdf>].

**Contact for Assistance with Submitting Petition:**

[EssentialCommunityProviders@cms.hhs.gov](mailto:EssentialCommunityProviders@cms.hhs.gov)

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<sup>2</sup> HHS 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 named in the petition. However, if one of the above entities own or serves as the authorized legal representative of an ECP, it can submit a petition on behalf of the provider.

