

**Supporting Statement for Essential Community Provider Data Collection
to Support QHP Certification for PYs 2022-2024
(CMS-10561/OMB control number: 0938-1295)**

A. Background

In accordance with section 1311(c)(1)(C) of the Affordable Care Act (ACA), Qualified Health Plan (QHP) issuers, including Stand-alone Dental Plan (SADP) issuers, are required to include within their provider network a sufficient number and geographic distribution of essential community providers (ECPs), where available, that serve predominantly low-income, medically-underserved individuals. Under this same section of the ACA, the Secretary of the Department of Health and Human Services (HHS) is charged with establishing criteria for certification of health plans as QHPs, including criteria for issuer satisfaction of the ECP inclusion requirement. Under 45 Code of Federal Regulations (CFR) 156.235, the Secretary of HHS has established criteria for inclusion of a sufficient number and geographic distribution of ECPs, where available, in an issuer's network to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in their service areas. 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 non-exhaustive list of available ECPs, based on data it and other Federal partners maintain, which has been used as an initial source of ECP information. Providers included on the final CMS ECP list for the plan year 2022 reflect those providers who submitted an online ECP petition to correct or update their provider data between December 9, 2015, and August 26, 2020, and were approved by CMS for inclusion on the ECP list through the ECP petition review process. The non-exhaustive HHS ECP list for the 2022 benefit year is available at <https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy>. 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. Under that regulation, ECPs are defined as health care 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).

The HHS ECP list for the 2022 benefit year contains the following provider types:

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes
- Health centers providing dental services
- Hospitals: Critical Access Hospitals, Rural Referral Centers, Disproportionate Share (DSH), DSH-eligible Hospitals, Children's Hospitals, Sole Community Hospitals, Freestanding Cancer Centers
- Indian health care providers, which include providers participating in programs operated by 1) the Indian Health Service; 2) a Tribe or Tribal organization under the authority of the Indian Self-Determination and Education Assistance Act; and 3) an urban Indian organization under the authority of Title V of the Indian Health Care Improvement Act

- Ryan White HIV/AIDS Program providers
- Family planning providers receiving Federal funding 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
- Other providers that serve predominantly low-income, medically underserved individuals, including Black Lung Clinics, Community Mental Health Centers, Hemophilia Treatment Centers, Rural Health Clinics, Sexually Transmitted Disease Clinics, Tuberculosis Clinics, Substance Use Disorder Treatment Centers

B. Justification

1. Need and legal basis

Provider Information Collection

Standards for ECP requirements are codified at 45 CFR 156.235. Issuers must contract with a certain percentage, as determined by HHS, of the available ECPs in the plan's service area. Currently, issuers rely on the non-exhaustive HHS list of available ECPs to identify qualified ECPs that can be counted toward an issuer's satisfaction of the ECP standard, along with qualified ECPs that an issuer writes in on their ECP template as part of their QHP application. Because an issuer's ECP write-ins count toward satisfaction of the ECP standard for only the issuer that writes in the ECP on their ECP template, this methodology for calculating the available ECPs has resulted in a variation of the available identified ECPs for a given service area based on the number of ECP write-ins a specific issuer includes on their ECP template.

To ensure that the HHS ECP list more accurately reflects the universe of qualified available ECPs in a given service area, HHS will continue to collect more complete data from such providers so that all issuers are held to a more uniform ECP standard. HHS aims to achieve this outcome by soliciting qualified ECPs to complete and submit the ECP provider petition in order to be added to the HHS ECP list or update required data fields to remain on the list, resulting in a more robust and accurate listing of the universe of available ECPs from which issuers select to satisfy the ECP standard. Provider participation in this data collection effort through the ECP provider petition will continue to support HHS's policy for counting issuers' ECP write-ins toward satisfaction of the ECP standard.

In order to most effectively achieve the ECP operational improvements described above, HHS will continue to collect such data directly from providers through the online ECP provider petition (see Appendix A). HHS will not be accepting 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 owns or is the authorized legal representative of an ECP, it 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.

Collection of the data directly from such providers will continue to ensure the integrity of the data to support issuers as they apply for QHP certification and recertification, build a more

robust HHS ECP listing of the universe of available ECPs, and support HHS's QHP compliance monitoring on an ongoing basis. Feedback about the ECP petition is collected from stakeholders in an effort to improve the efficiency and value of the data collection.

Necessary Data for Provider Petition Submission

HHS will continue to collect the provider data elements as displayed in Appendix A (i.e., the online ECP Provider Petition). Providers are asked to confirm the accuracy of their provider data that appear on the HHS ECP list and update any required data fields, or provide such data if petitioning to be newly added to the list.

In addition, qualified provider petitioners must be MDs, DOs, DDDs, PAs, or NPs authorized by the State to independently treat and prescribe within the listed facility and must attest to the following statements and respond to the following questions, as applicable, within the petition:

- Provider attests that they are the listed provider or otherwise authorized to submit the petition on behalf of the facility that is the subject of the petition.
- Provider consents to be added to or remain on the HHS ECP list.
- Provider agrees to visit the petition site each year to respond to any newly added questions and update its provider data.
- Provider agrees to be listed in a consumer-facing directory of ECPs.
- Provider qualifies as one of the following types of providers: 1) eligible for or participating in the 340B program; (2) a Rural Health Clinic; (3) an Indian Health Care Provider; (4) a State-owned family planning service site, governmental family planning service site, or not-for-profit family planning service site that does not receive Federal funding under special programs, including under Title X of the PHS Act or other 340B-qualifying funding; or (5) a provider that serves predominantly low-income, medically-underserved individuals and is located in a low-income ZIP code or geographic HPSA¹.
- Provider accepts patients regardless of ability to pay and offers a sliding fee schedule.²
- Provider accepts patients regardless of coverage source (i.e., Medicare, Medicaid, CHIP, private health insurance, etc.).
- Provider lists the number of full-time equivalent (FTE) medical and dental practitioners at the given facility; or the number of staffed hospital beds, in the case of hospital providers.
- Provider lists the number of executed contracts and good faith contract offers rejected.
- Provider indicates the types of services, among a list of services, it provides to patients with opioid use disorder.

¹ Based on the HHS Low-Income and Health Professional Shortage Area (HPSA) ZIP Code Listing," available at <https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy>.

² The following types of providers are exempt from this requirement: (1) providers that are eligible for or participating in the 340B program; (2) Rural Health Clinics; (3) Indian health care providers; or (4) State-owned family planning service sites, governmental family planning service sites, or not-for-profit family planning service sites that do not receive Federal funding under special programs, including under Title X of the PHS Act or other 340B-qualifying funding.

- Provider indicates the types of telehealth technology services they utilize, the types of health care services they provide to patients through telehealth options, the frequency that they utilize telehealth services in their medical practice, challenges faced with adopting or expanding telehealth services, existence of issuer and/or state credentialing requirements related to utilization of telehealth services, and any added value from adopting the use of telehealth services in their medical practice.
- Provider indicates whether it has received a HPSA designation. If the provider answers ‘Yes’, the provider enters its 10-digit HPSA ID.

2. Information Users

The purpose of the ECP provider petition is for HHS to achieve the following:

- For providers that are not on the HHS ECP list,
 - Collect information to determine whether a provider requesting to be added to the ECP list meets the definition of an ECP under 45 CFR 156.235.
- For providers that are on the HHS ECP list,
 - Allow providers an opportunity to update or correct their provider data on the HHS ECP list, such as the National Provider Identifiers (NPIs), points of contact (POCs), and the number of MDs, DOs, PAs, NPs, DMDs, and DDSs authorized by the State to independently treat and prescribe within the listed facility; and
 - Obtain confirmation from providers that they are aware that they are on the list and elect to remain on the HHS ECP list.

The HHS ECP list 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)(c)(1)(D)(i)(IV) of the Social Security Act, or every provider that might otherwise qualify under the regulatory standard at 45 CFR 156.235. HHS will continue to review provider petitions for inclusion on the HHS ECP list in an effort to build a more robust HHS ECP listing of the universe of available ECPs from which issuers select to satisfy the ECP standard. Additionally, issuers may use the points of contact on the ECP list to aid in provider network development. Provider participation in this data collection effort through the ECP provider petition will continue to support HHS’s policy for counting issuers’ ECP write-ins toward satisfaction of the ECP standard.

3. Use of Information Technology

HHS has made programming enhancements to its online ECP petition process as a mechanism to reduce provider burden with respect to submitting and updating their data for inclusion on the HHS ECP list. HHS will continue to accept provider petitions in only the required online format to ensure the integrity of the provider data received and to reduce the burden on providers when providing their data. The required format lowers the burden on providers by virtue of interactive programming logic that imports provider data from the existing HHS ECP list for providers that already appear on the list and by displaying only applicable data fields based on the provider’s selections. The required format includes provider completion of all required data fields and will generate error messages that provide guidance to the petitioner on how to resolve any identified

errors or incomplete data fields to assist the petitioner with validating and submitting the petition to HHS. Instructions for completing each data field appear within the petition as the petitioner progresses through the petition platform.

4. Duplication of Efforts

Providers that appear on the existing HHS ECP list are asked to enter their ECP reference number from the existing HHS ECP list. The provider petition is then programmed to import the provider data from the existing HHS ECP list into the provider petition to eliminate duplication of effort by the provider. Providers are asked to confirm the accuracy of their provider data that appear on the existing HHS ECP list and correct any outdated data, or provide such data if petitioning to be newly added to the list. The data collected via the provider petition will continue to reduce issuer and provider burden by building a more complete and accurate listing of ECPs from which issuers select to satisfy the ECP standard.

5. Small Businesses

We do not anticipate that small businesses will be significantly burdened by this data collection. Many of the small business providers who complete the petition will benefit from the increased accuracy of their data appearing on the HHS ECP list.

6. Less Frequent Collection

The burden associated with this information collection consists of providers either updating their ECP data to remain on the HHS ECP list or providing the required data to be newly added to the HHS ECP list. Since provider demographics and provider contracts with issuers change on an ongoing basis, HHS requires QHP issuers to report their ECP contracts annually via the ECP template to ensure the accuracy of their provider network data, so HHS will continue to collect this provider data on an annual basis. For providers already appearing on the existing HHS ECP list, we have minimized the provider burden for renewing petitioners by prepopulating data fields with the provider's existing data. This allows for renewing providers to complete the petition by answering only a small subset of questions to remain on the ECP list for the subsequent benefit year. These questions pertain to the categories of health services currently being provided at the facility and the provider's number of contracts executed with QHP issuers for the subsequent benefit year. The three-year burden estimates include estimates for renewing providers and newly petitioning providers. We will continue to reassess the provider petition burden and make every effort to further minimize provider burden in the future.

7. Special Circumstances

There are no anticipated special circumstances.

8. Federal Register/Outside Consultation

As required by the Paperwork Reduction Act of 1995 (44 U.S.C.2506 (c)(2)(A)), CCIIO must publish a 60- and 30-day notice in the Federal Register soliciting public comment on its

proposed information collection requirements. A 60-day Notice will publish in the Federal Register on XX/XX/21 for the public to submit written comment on the information collection requirements.

The goal of this data collection is to inform the QHP certification and recertification process by continuing to utilize the online ECP provider petition to improve the accuracy of the HHS ECP list and simplify issuer reporting of ECPs included in their networks via the ECP template. Throughout the past six years of certification activities, HHS has received extensive feedback from key stakeholders regarding the improved accuracy of the HHS ECP list as a result of the online ECP petition. These discussions have included webinars and user group calls with providers, provider associations, States, issuers, issuer associations, and Federal partners on strategies to improve the accuracy of the HHS ECP list and simplifying issuer reporting of ECPs included in their networks. It is the goal of HHS and stakeholders to identify ways to continually improve the validity of the ECP data. The HHS will continue to work with key stakeholders to minimize any required data submission to streamline and reduce duplication.

9. Payments/Gifts to Respondents

No payments and/or gifts will be provided.

10. Confidentiality

There are no confidentiality issues with this collection.

11. Sensitive Questions

No sensitive questions are included in these notice requirements.

12. Burden Estimates (Hours & Wages)

Average labor costs (including 100 percent fringe benefits) used to estimate the costs are calculated using data available from the May 2020 National Industry-Specific Occupational Employment and Wage Estimates (Bureau of Labor Statistics (BLS) ([May 2020 National Occupational Employment and Wage Estimates](#)).

Table 1: Adjusted Hourly Wages Used in Burden Estimates

OES Designation	Occupational Code	Mean Hourly Wage (\$/hour)	Fringe Benefits and Overhead (\$/hour)	Adjusted Hourly Wage (\$/hour)
First-Line Supervisors of Office and Administrative Support Workers (“Administrative Support Supervisor”)	43-1011	\$29.81	\$29.81	\$59.62

The following sections of this document contain estimates of burden imposed by the associated information collection requirements.

The burden associated with this data collection is estimated to be 3,140 burden hours for providers in total for year one. We developed this burden estimate based on the number of providers appearing on the HHS ECP list for the 2022 benefit year, as well as HHS’s experience collecting similar data from providers through the online ECP petition for the 2020-2021 benefit years.

We developed the provider burden estimates for years 2 and 3 based on the negligible increase in providers listed on the HHS ECP list over the past certification year, in addition to the expectation that while additional providers will petition in future years, other providers will drop off the list due to facility closures or other changes in circumstance (e.g., relocating to a service area no longer located in a low-income zip code). These continual additions and removals have led to a recent stabilization of the net volume of ECPs on the list.

We estimate that 12,258 providers will be subject to the petition renewal requirement for year one. On average, in the first year, we estimate that it will take a renewing provider 15 minutes (at \$29.81 an hour plus 100 percent fringe benefits, totaling \$59.62³) to complete and submit the ECP provider petition. In addition, we estimate that 150 providers will submit a petition requesting to be newly added to the ECP list for year one. On average, in the first year, we estimate that it will take a provider 30 minutes (at \$29.81 an hour plus 100 percent fringe benefits, totaling \$59.62) to complete and submit the ECP provider petition to be newly added to the ECP list. The total estimated burden is \$14.91 for each renewing provider and \$29.81 per year for each newly petitioning provider or \$187,238.28 for all providers in year one. We estimate that the same provider counts and time averages for completing the petition in year one will apply for years two and three. In addition, we estimate that the increase in the percentage of providers petitioning to be added each year will be negligible (i.e., less than one percent).

Pursuant to 45 CFR 156.235, a provider must submit an ECP provider petition to be added to or remain on the HHS ECP list. Table 2 and Table 3 below display the burden to providers relating to this regulatory provision.

Table 2: Burden to Renewing Providers

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Administrative Support Supervisor	12,258	\$59.62	0.25	\$14.91	\$182,766.78

³Employment rates determined by the national estimates for the occupational employment and wages, May 2020 at <http://www.bls.gov/oes/current/oes431011.htm>. At the time of this publication, the 2021 National Occupational Employment and Wage Estimates were not yet available from the Bureau of Labor Statistics.

Table 3: Burden to Newly Added Providers

Labor Category	Number of Respondents	Hourly Labor Costs (Hourly rate + 100% Fringe benefits)	Burden Hours	Total Burden Costs (per Respondent)	Total Burden Costs (All Respondents)
Administrative Support Supervisor	150	\$59.62	0.50	\$29.81	\$4,471.50

The aggregate annual cost across all respondents is \$187,238.28. The aggregate cost for years one through three across all respondents is \$561,714.84. The table below provides a summary of the estimates within this package.

Table 4: Summary of Total Burden

Table Number: Name	C.F.R Section	Burden Hours	Burden Cost
Table 2: Burden to Renewing Providers	45 CFR 156.235	3,065	\$182,766.78
Table 3: Burden to Newly Added Providers	45 CFR 156.235	75	\$4,471.50
Total - Annual		3,140	\$187,238.28
Total – Three Years		9,420	\$561,714.84

13. Capital Costs

There are no additional capital costs.

14. Cost to Federal Government

For year one, we estimate that the operations and maintenance costs to the Federal government for the ECP provider petition (i.e., the collection instrument) will be \$149,445.00 in contractor support and \$50,000.00 in HHS staff resources for a total cost of \$199,445.00. These estimates include costs associated with annual programming updates and operational maintenance of the provider petition process and generation of the annual draft and final HHS ECP lists by importing provider data collected from the ECP provider petitions. These estimates are based in part on HHS’s costs incurred to generate the 2022 HHS ECP list.

We estimate that the cost to the Federal government for years two and three will remain stable as compared to year one. Therefore, for years two and three, we estimate that the total cost per year to the Federal Government for the operations and maintenance of the ECP provider petition will be \$199,445.00.

Table 5: Costs for the Federal Government Associated with the ECP Provider Petition

Task	Estimated Cost
Operations and Maintenance	
Contractor Support	\$149,445.00
HHS Staff Resources	\$50,000.00
Total Annual Costs to Government	\$199,445.00

15. Changes to Burden

Reductions in the three-year provider cost burden are associated, in part, with programming enhancements that HHS has made to its online ECP petition process for providers updating their data for inclusion on the HHS ECP list. For instance, during year one (2022), we expect providers to experience a lower burden as a result of programming enhancements made to the facility search feature and the selective display of only the data fields applicable to the respective provider. Furthermore, providers that are renewing their ECP listing will simply enter their ECP reference number from the existing ECP list into the online petition, which will then auto-populate their provider data from the ECP list, so that the provider only needs to update data that have changed, rather than manually enter each data element anew. We estimate that these logic enhancements will reduce the amount of time for providers to complete their provider updates and respond to the new telehealth questions.

Additional reductions in the three-year provider cost burden pertain to an estimated decrease of total providers needing to submit the online ECP petition, due to an overall decrease in available ECPs. Fewer providers needing to submit the online ECP petition will reduce the three-year cost burden to the Federal Government with respect to reviewing these online petitions.

The reductions in provider burden described above equal a total decrease of \$546,977.16, when comparing the three-year provider cost burden of \$1,108,692.00 (note that the previous package total was \$582,504, but did not include 100% fringe benefits, so this number has been adjusted to include) for provider data collected during years 2019-2021 to an estimated three-year provider cost burden of \$561,714.84 during years 2022-2024. The total number of respondents have been reduced from 14,598 respondents to 12,408, a total reduction of 2,190. The number of burden hours have been reduced from 22,404 to 9,420, a total reduction of 12,984 hours.

16. Publication/Tabulation Dates

The information collection from providers is anticipated under this request to occur at any time throughout the three-year period, as the online ECP petition is available to providers year-round. We will collect this provider data throughout the year and make a portion of the data public via the update to the HHS ECP list that is published annually on our CCIIO website at <https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy>.

17. Expiration Date

The expiration date and OMB control number will appear on the first page of the instrument (top-right corner).