

Instructions for the Essential Community Providers Provider Petition for the 2017 Benefit Year

A. OVERVIEW

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 network 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 essential community providers (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. 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 30 percent ECP standard, along with qualified ECPs that an issuer writes in on their ECP template as part of their QHP application. The majority of issuers have relied more heavily on ECP write-ins than on ECPs from the HHS list to satisfy the 30 percent standard. 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 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 address required missing data fields to remain on the list, resulting in a more robust listing of the universe of available ECPs from which issuers select to satisfy the 30 percent ECP standard. The degree of provider participation in this data collection effort through the ECP provider petition will help inform HHS's future proposals for counting issuers' ECP write-ins toward satisfaction of the ECP standard.

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. The non-exhaustive HHS ECP list for the 2016 benefit year is available at <http://cciio.cms.gov/programs/exchanges/qhp.html>. 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), including governmental family planning service sites and not-for-profit family planning service sites that do not receive funding under Title X of the PHS Act or other 340B-qualifying funding, and Indian health care providers.

The HHS ECP list for the 2016 benefit year contains the following provider types:¹

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes.
- Ryan White HIV/AIDS Program providers.
- Health centers providing dental services, including all of the above organizations that have noted to Health Resources and Services Administration (HRSA) that they provide dental services in their scope of project.
- Hospitals: Critical Access Hospitals, Rural Referral Centers, Disproportionate Share (DSH) and DSH-eligible Hospitals, Children's Hospitals, Sole Community Hospitals, Freestanding Cancer Centers.
- Sexually Transmitted Disease Clinics, Tuberculosis Clinics, Hemophilia Treatment Centers, and Black Lung Clinics.
- Rural Health Clinics: a Medicare-certified Rural Health Clinic is included in the non-exhaustive ECP list if it meets the following two requirements: 1) Based on attestation, it accepts patients regardless of ability to pay and offers a sliding fee schedule; or is located in a primary care Health Professional Shortage Area (HPSA) (geographic, population, or automatic²); and 2) Accepts patients regardless of coverage source (i.e., Medicare, Medicaid, CHIP, private health insurance, etc.).
- Family planning providers receiving grants under Title X of the PHS Act; not-for-profit family planning service sites that do not receive funding under Title X of the PHS Act; and governmental family planning service sites that do not receive funding under Title X of the PHS Act.

¹ The providers on the HHS ECP list for the 2016 benefit year were provided to HHS primarily by the Health Resources and Services Administration, the Indian Health Service, and the Office of the Assistant Secretary for Health/Office of Population Affairs as qualifying to be classified as one of these provider types.

² As of January 1, 2014, more than 1,000 Rural Health Clinics (RHCs) were designated as an automatic Health Professional Shortage Area (HPSA), the criteria for which include accepting patients regardless of ability to pay; offering a sliding fee schedule based on ability to pay (income); and accepting Medicare, Medicaid, CHIP, and private health insurance patients. To receive the automatic HPSA designation, each RHC is required to complete an attestation form, which is available here: <http://bhpr.hrsa.gov/shortage/hpsas/certofeligibility.pdf>. RHCs that are not listed on the current HHS ECP list and complete the attestation form to receive an automatic HPSA designation through the Health Resources and Services Administration will be considered for inclusion on future HHS ECP lists. More information about the HPSA designation requirements and process is also available here: <http://bhpr.hrsa.gov/shortage/hpsas/ruralhealthhpsa.html>.

- Indian Health Care Providers: Tribes, Tribal Organization and Urban Indian Organization providers, and Indian Health Service Facilities.

B. PURPOSE

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

- For providers that are not on the draft 2017 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 draft 2017 HHS ECP list,
 - Allow providers an opportunity to update their provider data;
 - Collect missing data from critical data fields 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 medication 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 for the 2016 benefit year 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)(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. For the 2017 benefit year and beyond, HHS will 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 30 percent ECP standard for a given service area. Additionally, issuers may use the points of contacts on the ECP list to aid in provider network development.

C. QUALIFIED PETITIONERS

HHS will be accepting petitions from providers that qualify as an ECP as defined under 45 CFR 156.235(c), both those on the prior year's HHS ECP list, and those who were not on the prior year's list. Such providers include medical practitioners that serve predominantly low-income, medically underserved individuals, including health care providers defined in section 340B(a)(4) of the PHS Act; or described in section 1927(c)(1)(D)(i)(IV) of the Act as set forth by section 221 of Pub. L. 111–8; or a State-owned family planning service site, or 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 an Indian health care provider, unless any of the above providers has lost its status under either of these sections, 340(B) of the PHS Act or 1927 of the Act as a result of violating Federal law.

In addition, qualified provider petitioners must be MDs, DOs, PAs, NPs, DMDs, or DDSs authorized by the State to independently treat and prescribe medication within the listed facility and must attest to the following statements within the petition:

- Provider consents to be added to or remain on the HHS ECP list.
- Provider is either A) eligible for or participating in the 340B program or is a Rural Health Clinic or is an Indian Health Care Provider; or B) located in a low-income ZIP code or HPSA³.*
- Provider accepts patients regardless of ability to pay and offers a sliding fee schedule.*
- Provider accepts patients regardless of coverage source (i.e., Medicare, Medicaid, CHIP, private health insurance, etc.).
- Provider agrees to be listed in a consumer-facing directory of ECPs.
- List the number of FTE medical and dental practitioners at the given facility.
- List the number of executed contracts and good faith contract offers rejected.

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 exempt from attestations noted above with an asterisk (*) because these entities have been recognized as ECPs under section 1311(c)(1)(C) of the ACA and regulations at 45 CFR 156.235.

In order to most effectively achieve the ECP operational improvements described above, HHS will collect the data directly from providers through the ECP provider petition (see Appendix A). 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 that is the subject of the petition. However, if one of the above entities own or is the authorized legal representative of an ECP, it may submit a petition on behalf of the 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.

Collection of the data directly from such providers will better 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 will also be collected from stakeholders in an effort to improve the efficiency and value of the data collection.

D. REQUIRED PETITION FORMAT

³ Based on the HHS Low-Income and Health Professional Shortage Area (HPSA) ZIP Code Listing,” available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>.

HHS will accept provider petitions only in the required format, to ensure the integrity of the provider data received, and to reduce the burden on providers to provide their data. The required format lowers the burden on providers by virtue of interactive programming logic that imports provider data from the draft 2017 HHS ECP list. 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. Detailed instructions for completing each question appear within the petition.

HHS coordinates closely with our Federal partners, including HRSA, IHS, and OASH/OPA, to update the HHS ECP list annually and review requested corrections and additions received directly from providers. While we have verified the status of the providers that appear on the HHS ECP list, many of the provider datasets received from our Federal partners are missing data elements critical for issuers to identify such providers for contract offerings. HHS has designed the 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. Providers must complete required missing data fields in order to be added to or remain on the HHS ECP list.

E. ENTERING PROVIDER DATA INTO THE PETITION

Part A: Petition Instructions. These instructions apply to all providers that qualify as an ECP as defined under 45 CFR 156.235(c) and described in greater detail below.

Complete the following data fields in the ECP petition in the sequence provided, scrolling from top to bottom to ensure applicability of available data field options.

Part B: Complete the following data fields within the petition:

1. *“Full name of person completing this Provider Petition.”* [Required field.] The data that you enter in this field will auto-populate POC 1 Name field. You may change the auto-populated data in the POC 1 Name field if it differs from the individual completing this provider petition.
2. *“Phone # of person completing Provider Petition.”* [Required field.] If you seek to add a record, the data that you enter in this field will auto-populate POC 1 Name field. You may change the auto-populated data in the POC 1 Name field if it differs from the individual completing this provider petition.
3. *“Phone Ext of person completing Provider Petition.”* [Required field.] If you seek to add a record, the data that you enter in this field will auto-populate POC 1 Phone Ext field. You may change the auto-populated data in the POC 1 Phone Ext field if it differs from the phone extension for the individual completing this provider petition.
4. *“Email address of person completing Provider Petition.”* [Required field.] If you seek to add a record, the data that you enter in this field will auto-populate POC 1 Email field. You may change the auto-populated data in the POC 1 Email field if it differs from the email for the individual completing this provider petition.

5. *“Are you the Listed Provider or Otherwise Authorized to Submit this Request on behalf of the Facility (if practicing within a multi-practitioner facility)?”* [Required field.]
Qualified petitioners include providers petitioning to make a change to their own HHS ECP listing, providers petitioning to be added to or removed from the HHS ECP list, or individuals explicitly authorized by the provider to submit the petition on behalf of the provider. 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 for 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.
6. *“Are you petitioning to be added to the list, change your data on the list, or remove your facility from the list?”* [Required field.] Select **Add** if you wish to be added to the HHS ECP List, including additional provider site locations. Affiliated providers located at same street location will appear only once on the ECP List, so please list the facility rather than individual practitioners located at same facility, indicating the number of qualified FTE practitioners available at the facility in questions 13 and 14. Solo practitioners may submit the petition under their individual provider location. Select **Change** if you are a provider that already appears on the Draft 2017 ECP List and want to change your data or complete required missing data fields. If you are unsure of whether you appear on the Draft 2017 ECP List, click the button labeled “Check to see if you are on the list” and enter your site name using the search functionality. Select **Remove** if you wish to be removed from the HHS ECP List. If you are requesting to be removed, please skip to question 17 to enter your row number from the Draft 2017 ECP List embedded within this petition. Please note that if you return to this question to revise your selection, any data that you have entered for questions 1-16 will be deleted.
7. *“Do you consent to be added to or remain on the list?”* [Required field.] Select **Yes** to consent to be included on the HHS ECP List. Providers may be asked to renew their consent for HHS ECP listings beyond benefit year 2017. Selecting **No** to this question means that you should return to question 6 and select **Remove** to ensure that your data are removed from the HHS ECP list. If you do not yet appear on the HHS ECP list and do not consent to be added to the list, then you should not submit this provider petition.
8. *“Are you eligible for or participating in the 340B program or are you a Rural Health Clinic or an Indian Health Care Provider?”* [Required field.] Select **Yes** if you are eligible for or participating in the 340B program, or are a Rural Health Clinic, or are an Indian Health Care Provider. For a complete list of organizations that are eligible for the 340B program, see <http://www.hrsa.gov/opa/eligibilityandregistration/index.html>. Select **No** if you are not eligible for or participating in the 340B program, and are not a Rural Health Clinic and are not an Indian Health Care Provider.

9. “Are you located in a low-income ZIP code or HPSA?” [Required field.] Select **Yes** only if you are located in a low-income ZIP code or HPSA, based on the HHS “Low-Income ZIP code and Health Professional Shortage Area (HPSA) Listing,” available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>. Selecting No to this question means that you do not qualify as an ECP for purposes of being added to the ECP list, unless you have 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, you are a Rural Health Clinic, or you are 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 (see 45 CFR 156.235(c)).
10. “Do you agree to accept patients regardless of ability to pay and offer a sliding fee schedule?” [Required field.] Select **Yes** only if you are willing to accept patients regardless of ability to pay and offer a sliding fee schedule. Selecting **No** to this question means that you do not qualify as an ECP for purposes of being added to the ECP list, unless you have 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, you are a Rural Health Clinic, or you are 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 (see 45 CFR 156.235(c)).
11. “Do you agree to accept patients regardless of coverage source (i.e., Medicare, Medicaid, CHIP, private health insurance, etc.)?” [Required field.] Select **Yes** only if you are willing to accept patients regardless of coverage source (i.e., Medicare, Medicaid, CHIP, private health insurance, etc.). Selecting **No** to this question means that you do not qualify as an ECP for purposes of being added to the ECP list. If you already appear on the Draft 2017 ECP List that was published with this petition and you have correctly entered the row number from the ECP list, then you should return to question 6 and select Remove to ensure that your data are removed from the HHS ECP list.
12. “Do you agree to be listed in consumer-facing directory of ECPs?” [Required field.] Select **Yes** only if you are willing to be listed in a consumer-facing directory of ECPs by an issuer with whom you have contracted to deliver health care services to their enrollees. CMS will continue to post the HHS ECP list on our publicly available website as a resource for QHP issuers, providers, and consumers seeking providers who are willing to serve low-income and medically underserved populations. Selecting **No** to this question means that you do not qualify as an ECP for purposes of being added to the ECP list. If you already appear on the Draft 2017 ECP List that was published with this petition and you have correctly entered the row number from the ECP list, then you should return to question 6 and select Remove to ensure that your data are removed from the HHS ECP list.

13. *“Number of FTEs representing MDs, DOs, PAs, NPs authorized by the state to independently treat and prescribe medication within the listed facility?”* [Required field.] Enter number of FTEs representing MDs, DOs, PAs and NPs authorized by the state to independently treat and prescribe medication within the listed facility at this street location, as of the date of your petition submission. Two part-time practitioners can be counted as one FTE. Multiple affiliated MDs, DOs, PAs and NPs practicing within the same provider facility located at the same street location (regardless of different suite/floor number) will appear on one row on the HHS ECP List, so please list the facility and indicate number of affiliated FTE practitioners located at the facility rather than submitting a petition for each individual practitioner. Also, practitioners who practice within a multi-practitioner facility should not submit a petition under their individual practitioner NPI independent of the facility in which they practice; rather, only individuals authorized by the facility should submit the petition using the facility-level NPI and indicate the number of affiliated FTE practitioners practicing within the facility. Multi-practitioner facilities with multiple locations should submit a petition for each site location, entering the NPI associated with each of its facility-specific site locations, and indicating the number of affiliated FTE practitioners practicing only within the facility-specific site location. In contrast, solo practitioners may submit the petition under their individual practitioner NPI. If you have only dentists (DMDs and DDSs) at this facility, please enter zero in this field.
14. *“Number of FTEs representing DMDs and DDSs authorized by the state to independently treat and prescribe medication within the listed facility?”* [Required field.] Enter number of FTEs representing DMDs and DDSs practicing at your facility at this street location, as of the date of your petition submission. Two part-time practitioners can be counted as one FTE. Multiple affiliated dentists practicing within the same provider facility located at the same street location (regardless of different suite number) will appear on one row on the HHS ECP List, so please list the facility and indicate number of affiliated FTE dentists located at the facility rather than submitting a petition for each individual dentist. Also, dentists who practice within a multi-practitioner facility should not submit a petition under their individual practitioner NPI independent of the facility in which they practice; rather, only individuals authorized by the facility should submit the petition using the facility-level NPI and indicate the number of affiliated FTE dentists practicing within the facility. Multi-practitioner facilities with multiple locations should submit a petition for each site location, entering the NPI associated with each of its facility-specific site locations, and indicating the number of affiliated FTE dentists practicing only within the facility-specific site location. In contrast, solo practitioners may submit the petition under their individual practitioner NPI. If you are have only medical practitioners (MDs, DOs, PAs and NPs) at this facility, please enter zero in this field.
15. *“Number of contracts executed with QHP insurance companies (i.e., issuers)?”* [Required field.] Enter the number of contracts that you have executed with QHP insurance companies (i.e., issuers) for the 2016 benefit year, as of the date of your petition submission.

16. “*Number of contract offers received from QHP insurance companies (i.e., issuer)s that you have rejected?*” [Required field.] Enter the number of contract offers that you have received from QHP issuers and were offered in good faith that you have rejected for the 2016 benefit year, as of the date of your petition submission. As stated 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.
17. “*Row Number.*” [Required field.] If you are a provider that already appears on the Draft 2017 ECP List published with this petition, please identify the row number on which your facility is listed, using the search functionality within this petition. Enter your row number and the petition will auto-populate many of the data fields that currently appear on the Draft 2017 ECP List. Check that the auto-populated data from the Draft 2017 ECP List are correct, correct any errors, and provide missing data fields (e.g., NPI, ECP Category, Site County, etc.) by proceeding through the petition. If the Row Number field does not appear, you have selected **Add** in question 6, indicating that you do not appear on the Draft 2017 ECP List and are petitioning to be newly added to the list, so this Row Number field would not be applicable.
18. “*Site Name.*” [Required field.] Enter the Site Name at which you provide health care services to patients. Note that the ECP Provider Name field from the ECP List does not appear in the petition, because it is driven by the provider’s Site Name. If your ECP Provider Name field is incorrect on the Draft 2017 ECP List, you may enter the correction in the Site Name field to correct both the Site Name and the ECP Provider Name.
19. “*Organization Name.*” [Required field.] Enter the Organization Name that the issuer would contact for purposes of contract negotiations.
20. “*National Provider Identifier.*” [Required field.] Enter NPI in a 10-digit format (no hyphens). Affiliated practitioners who practice within a multi-practitioner facility should not submit a petition under their individual practitioner NPI; rather, only individuals authorized by the facility should submit the petition using the facility-level NPI, site name, and indicate the number of FTE practitioners practicing within the facility. In contrast, solo practitioners may submit the petition under their individual practitioner NPI. Providers who currently appear on the ECP List must enter their NPI in order to remain on the ECP List beyond the 2017 benefit year.
21. “*ECP category (Select all that apply).*” [Required field.] Select all categories that describe the health care services that you provide. For example, if the contracted provider is a Federally Qualified Health Center (FQHC) that is also a Ryan White HIV/AIDS provider, select both the **FQHC** and **Ryan White Provider** categories. If HHS is unable to verify your provision of these services with our Federal partners, we may default your listing to the “Other ECP Providers” category until such verification can be made.
- Children’s Hospitals
 - Community Mental Health Centers
 - Dental Providers
 - Family Planning Providers

- Federally Qualified Health Centers
 - Freestanding Cancer Centers
 - Hemophilia Treatment Centers
 - Hospitals (other than Children’s Hospitals)
 - Indian Health Service
 - Tribal Health Program operated under P.L. 93-638
 - Urban Indian Health Program
 - Rural Health Clinics
 - Ryan White Providers
 - Sexually Transmitted Disease Clinics
 - Tuberculosis Clinics
 - Other ECP Providers
22. “*Site Street Address 1.*” [Required field.] Enter the street address at which you provide health care services to patients. If you currently appear on the HHS ECP List with a PO Box as your site street address, you must replace this with a street address in order to remain on the HHS ECP List. If an individual provider practices in the same group or company at the same street location with other affiliated providers, the facility should submit only one petition, indicating the number of qualified FTE practitioners available at the facility in questions 13 and 14.
23. “*Site Street Address 2.*” Enter the suite number, floor number, or other secondary address information at which you provide health care services to patients. If you currently appear on the HHS ECP List with a PO Box as your site street address, you must replace this with a street address in order to remain on the HHS ECP List. If an individual provider practices in the same group or company at the same street location with other affiliated providers, the facility should submit only one petition, indicating the number of qualified FTE practitioners available at the facility in questions 13 and 14.
24. “*Site City.*” [Required field.] Enter the Site City in which you provide health care services to patients.
25. “*Site State.*” [Required field.] Enter the Site State in which you provide health care services to patients.
26. “*Site ZIP Code.*” [Required field.] Enter the Site ZIP Code in which you provide health care services to patients. If you are petitioning to be newly added to the HHS ECP List, your ZIP code must be located within a low-income ZIP code or HPSA included on the “Low-Income and Health Professional Shortage Area ZIP Code Listing” available at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>. If you already appear on the Draft 2017 ECP List published with this petition and your ZIP code is not on the HHS low-income ZIP code or HPSA listing, you are exempt from this requirement because you have already been verified by one of our Federal partners, including HRSA, IHS, OASH/OPA, as qualifying as an ECP independent of being located in a low-income ZIP code or HPSA.
27. “*Site County.*” [Required field.] Enter the Site County in which you provide health care services to patients. Site county information is used for purposes of issuers meeting the requirement in the Federally-facilitated Marketplace to offer a contract in good faith to at least one ECP in each ECP category in each county in the service area.
28. “*Org Street Address 1.*” [Required field.] Enter the Organization Street Address that the issuer would use to contact you for purposes of contract negotiations.

29. “*Org Street Address 2.*” Enter the secondary Organization Street Address that the issuer would use to contact you for purposes of contract negotiations.
30. “*Org City.*” [Required field.] Enter the Organization City that the issuer would use to contact you for purposes of contract negotiations.
31. “*Org State.*” [Required field.] Enter the Organization State that the issuer would use to contact you for purposes of contract negotiations.
32. “*Org ZIP Code.*” [Required field.] Enter the Organization ZIP code that the issuer would use to contact you for purposes of contract negotiations.
33. “*Org County.*” [Required field.] Enter the Organization County that the issuer would use to contact you for purposes of contract negotiations. Organization county information is not used for purposes of issuers meeting the requirement in the Federally-facilitated Marketplace to offer a contract in good faith to at least one ECP in each ECP category in each county in the service area. Instead, the Site County in question 27 is used for purposes of that ECP requirement.
34. “*POC 1 Name.*” [Required field.] Enter the Primary Point of Contact Name that the issuer would use to contact you for purposes of contract negotiations.
35. “*POC 1 Title.*” [Required field.] Enter the Primary Point of Contact Title that the issuer would use to contact you for purposes of contract negotiations.
36. “*POC 1 Phone.*” [Required field.] Enter the Primary Point of Contact Phone # that the issuer would use to contact you for purposes of contract negotiations.
37. “*POC 1 Phone Ext.*” Enter the Primary Point of Contact Phone Ext that the issuer would use to contact you for purposes of contract negotiations.
38. “*POC 1 Email.*” [Required field.] Enter the Primary Point of Contact Email that the issuer would use to contact you for purposes of contract negotiations.
39. “*URL 1.*” Enter the Primary URL that the issuer would use to contact you for purposes of contract negotiations.
40. “*POC 2 Name.*” Enter the Alternate Point of Contact Name that the issuer would use to contact you for purposes of contract negotiations.
41. “*POC 2 Title.*” Enter the Alternate Point of Contact Title that the issuer would use to contact you for purposes of contract negotiations.
42. “*POC 2 Phone.*” Enter the Alternate Point of Contact Phone # that the issuer would use to contact you for purposes of contract negotiations.
43. “*POC 2 Phone Ext.*” Enter the Alternate Point of Contact Phone Extension that the issuer would use to contact you for purposes of contract negotiations.
44. “*POC 2 Email.*” Enter the Alternate Point of Contact Email that the issuer would use to contact you for purposes of contract negotiations.
45. “*URL 2.*” Enter the Alternate URL that the issuer would use to contact you for purposes of contract negotiations.

F. VALIDATING AND SUBMITTING PROVIDER PETITION

1. Click the **Submit** button at the bottom of the petition.
2. If the petition has any errors, an error window will appear and indicate the data fields containing each error. **Correct** any identified errors and click **Submit** again.

3. If you need assistance with correcting any errors, click the **Help** button to access the FAQs or email your question(s) to the ECP communications mailbox:
EssentialCommunityProviders@cms.hhs.gov.
4. If the petition has no errors (or once all errors have been resolved), the preview screen will appear and display all data entries. Confirm the accuracy of the data entries and then click the final **Submit** button to submit your petition.

Submit your petition within 30 calendar days of the release date of the petition in order for HHS to consider your provider data for the 2017 ECP List. Petitions submitted after 30 calendar days following the release date of the petition 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.