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

A. Background

CMS is requesting OMB approval to extend the existing collection of information.

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 individuals or individuals residing in Health Professional Shortage Areas within the QHP's service areas. To satisfy this ECP requirement, QHP and SADP issuers must submit ECP data 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 2025 reflect those providers who initiated their inclusion on the ECP list by submitting an online ECP application and annual renewal form between December 9, 2015, and August 16, 2023, and were approved by CMS for inclusion on the ECP list through the ECP application review process. Additionally, CMS has included mental health facilities and substance use disorder (SUD) treatment centers from the plan year 2024 List of Available ECP Write-ins. These mental health facilities and SUD treatment centers were originally furnished by the Substance Abuse and Mental Health Services Administration (SAMHSA) and verified by CMS as fulfilling ECP qualification requirements as specified at 45 CFR 156.235(c). The non-exhaustive HHS ECP list for each benefit year is available at https://www.qhpcertification.cms.gov/s/Essential%20Community%20Providers. HHS updates this final 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, including health care providers defined in section 340B(a)(4) of the Public Health Service (PHS) Act or described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act (SSA).

The HHS ECP list for the 2025 benefit year contains the following provider types:

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes

- Health centers providing dental services
- Inpatient 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: State-owned family planning service sites, Governmental family planning service sites, including Title X Family Planning Clinics and Title X "Look-Alike" Family Planning Clinics, 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-qualifiying funding
- Mental Health Facilities: Community Mental Health Centers, Other Mental Health Providers
- Substance Use Disorder Treatment Providers
- Other providers that serve predominantly low-income, medically underserved individuals, including Black Lung Clinics, Hemophilia Treatment Centers, Rural Health Clinics, Sexually Transmitted Disease Clinics, Tuberculosis Clinics, Rural Emergency Hospitals

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 the list of qualified available ECP write-ins as part of their QHP application.

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 achieves this outcome by soliciting qualified ECPs throughout the year to complete and submit the ECP application in order to be added to the HHS ECP list or update required data fields to remain on the list. In soliciting updates directly from providers, HHS routinely performs research and outreach to providers on the ECP List to verify information about ECPs collected via the ECP application and annual renewal form. To keep the ECP List as accurate as possible, HHS sometimes identifies providers requiring removal from the ECP List, usually for one of the following reasons:

- The provider has closed.

- The provider has undergone a status change, such as termination of participation in the 340B program, that has made them ineligible for inclusion on the ECP List.
- The provider has been found not to be open year-round, making them ineligible for inclusion on the ECP List.
- The provider has temporarily or permanently stopped providing either medical or dental services at a facility that once offered both medical and dental services.

These ongoing efforts will result in a more accurate listing of the universe of available ECPs from which issuers select to satisfy 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 application and annual renewal form (see **Appendix A. ECP Application and Annual Renewal Form Instructions**). Provider participation in this data collection effort through the ECP application and annual renewal form will continue to support HHS's ECP policies.

HHS will not be accepting ECP applications and annual renewal forms 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 application. However, if one of the above entities owns or is the authorized legal representative of an ECP, it may submit an application on behalf of a provider. For example, a local health department that operates its own family planning clinics may appropriately apply 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 application and annual renewal form is collected from stakeholders in an effort to improve the efficiency and value of the data collection.

Necessary Data for Provider Application and Annual Renewal Submission
HHS will continue to collect the provider data elements as displayed in Appendix A (i.e., the online ECP Application and Annual Renewal Form). 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 applying to be newly added to the list.

In addition, qualified provider facilities must include MDs, DOs, DDSs, DMDs, DDMs, 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 application:

- Provider attests that they are the listed provider or otherwise authorized to submit the application on behalf of the facility that is the subject of the application.
- Provider consents to be added to or remain on the HHS ECP list.
- Provider agrees to visit the application and renewal form 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 HPSA.[1]
- 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 attests that they have at least 1 MD/DO and/or 1 DMD/DDM/DDS practicing at the given facility; or at least 5 staffed hospital beds on site for inpatient hospital facilities.
- Provider lists the number of executed contracts and good faith contract offers rejected.
- Provider indicates the types of opioid use disorder services they provide.
- 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 application and annual renewal form 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; and
    - Raise awareness for eligible providers to potentially receive contract offers from QHP issuers virtue of inclusion on the ECP list.
- For providers that are on the HHS ECP list:
    - Allow providers an opportunity to update or correct their provider information on the HHS ECP list, such as the National Provider Identifiers (NPIs), points of contact (POCs), and the types of services provided;
    - Allow providers the ability to remove their provider information from the HHS

[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.

ECP list; and
- Obtain confirmation 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 applications and annual renewal forms 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 application and annual renewal form 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 application 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 applications and annual renewal forms 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 on how to resolve any identified errors or incomplete data fields to assist with validating and submitting the application and annual renewal form to HHS. Instructions for completing each data field appear within the application and annual renewal form as the submitter progresses through the online platform.

In addition, starting in September 2024, HHS reduced provider burden by simplifying an eligibility field. HHS no longer collects 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. Providers submitting a new application or updating an existing renewal form will no longer need to provide the number of staffed hospital beds at the inpatient facility, and/or number of MDs, DOs, PAs, NPs, DMDs, and DDSs authorized by the State to independently treat and prescribe within the listed facility to complete the ECP application. Instead, submitters will only have to attest to having at least 1 MD/DO and/or 1 DMD/DDM/DDS practicing at this facility or at least 5 staffed hospital beds on site.

4. Duplication of Efforts

To decrease duplication of efforts, the ECP application and annual renewal form first checks to see if the provider is already on the ECP list. The website requires submitters to search for their facility before creating a new application. Providers have the option to enter their ECP reference number when searching for their ECP facility. The ECP application and annual renewal website is

programmed to locate any facilities that match the search and list the possible matches.

For facilities already on the ECP list, providers can click "Update Form" to navigate to the ECP's existing record. The website imports the provider data from the existing HHS ECP list into the provider application and annual renewal form to eliminate duplication of effort. Providers can confirm the accuracy of their ECP data that appear on the existing HHS ECP list or correct any outdated data.

For facilities that do not have an existing ECP record or cannot locate their facility displayed in the ECP website, the provider will be able to submit a new application. The data collected via the website will reduce issuer 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 application and annual renewal form 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 Marketplace Plan Management System (MPMS) ECP user interface (UI) to ensure the accuracy of their provider network data, so HHS will continue to collect this provider data on an annual basis. For issuers on the Federally-facilitated Exchange, a list of qualified ECPs available in the issuer's state will appear in the UI for selection. The ECP will be available for issuers to select and add to their plan network(s) to indicate providers with whom they have contracted. Issuers are also able to import their provider networks from the prior plan year and make changes applicable to the current plan year's network.

For providers already appearing on the existing HHS ECP list, we have minimized the provider burden for renewing submitters by prepopulating data fields with the provider's existing data on the website. This allows for renewing providers to complete the renewal form by either answering only a small subset of questions or reselecting applicable information 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 applying providers. We will continue to reassess the provider 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

A 60-day Notice was published in the Federal Register on April 21, 2025 (90 FR 16685) for the public to submit written comment on the information collection requirements (ICR). Two comments were received that were relevant to this ICR. These comments are summarized and responses provided in **Appendix B**. The two comments that were received from the public are provided in **Appendix C.**

The 30-day Federal Register Notice will be published in the Federal Register on April 21, 2025 (90 FR 16685) for the public to submit written comment as part of a second-round public comment period.

The goal of this data collection is to inform the QHP certification and recertification process by continuing to utilize the online ECP application and annual renewal form to improve the accuracy of the HHS ECP list and simplify issuer reporting of ECPs included in their networks. HHS has received extensive feedback from key stakeholders regarding the improved accuracy of the HHS ECP list as a result of the online ECP application and annual renewal form. 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

All information collected will be kept private in accordance with regulations at 45 C.F.R. 155.260, Privacy and Security of Personally Identifiable Information. Pursuant to this regulation, Exchanges may only use or disclose personally identifiable information to the extent that such information is necessary to carry out their statutorily and regulatorily mandated functions.

11. Sensitive Questions

There are no sensitive questions included in this information collection effort.

12. Burden Estimates (Hours & Wages)

We used the Bureau of Labor Statistics (BLS), National Industry-Specific Occupational Employment and Wage Statistics, May 2024 (https://data.bls.gov/oes/#/industry/000000) to estimate the burden (including 100 percent fringe benefits) for this information collection. For a description of the median hourly wage for the labor category see Table 1.

Table 1: Adjusted Hourly Wages Used in Burden Estimates

Occupational Title	Occupational Code	Median 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	$31.80	$31.80	$63.60

The following sections of this document contain estimates of burden imposed by the associated ICR.

We developed the burden estimate based on the number of providers appearing on the HHS ECP list for the 2025 benefit year, as well as HHS's experience collecting similar data from providers through the online ECP application and annual renewal form for the 2024-2025 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 apply 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 18,385 providers will be subject to the renewal requirement for year one. On average, in the first year, we estimate that it will take a renewing provider 15 minutes (at $63.60 an hour) to complete and submit the ECP renewal form. In addition, we estimate that 635 providers will submit an application 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 $63.60) to complete and submit the ECP application to be newly added to the ECP list. The estimated burden per respondent is $15.90 for each renewing provider and $31.80 for each new provider and the total estimated burden is $292,321.50 for renewing providers and $20,193.00 for new providers. For all respondents, the total annual estimated burden is 4,913.75 hours at a cost of $312,514.50. We estimate that the same provider counts and time averages for completing the application and renewal form in year one will apply for years two and three. In addition, we estimate that the increase in the percentage of providers applying 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 application and annual renewal form 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 to Complete and Submit the ECP Renewal Form

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	18,385	$63.60	0.25	$15.90	$292,321.50

Table 3: Burden to Newly Added Providers to Submit the ECP Application

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	635	$63.60	0.50	$31.80	$20,193.00

The aggregate annual cost across all respondents is $312,514.50. The aggregate cost for years one through three across all respondents is $937,543.50. Table 4 provides a summary of the estimates within this package.

Table 4: Summary of Total Annual Burden

Table Number: Name	C.F.R Section	Burden Hours	Burden Cost
Table 2: Burden to Renewing Providers	45 CFR 156.235	4,596.25	$292,321.50
Table 3: Burden to Newly Added Providers	45 CFR 156.235	317.50	$20,193
Total – Annual		**4,913.75**	**$312,514.50**
Total – Three Years		**14,741.25**	**$937,543.50**

13. Capital Costs

There are no additional capital costs.

14. Cost to Federal Government

The calculations for HHS employees' hourly salary was obtained from the OPM website: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/25Tables/html/DCB_h.aspx. For year one, we estimate that the operations and maintenance costs to the Federal government for the ECP application and annual renewal form

(i.e., the collection instrument) will be $204,955.00 in contractor support and $110,006.40 in HHS staff resources for a total cost of $314,961.40. These estimates include costs associated with annual programming updates and operational maintenance of the provider application and renewal process and generation of the annual draft and final HHS ECP lists by importing provider data collected from the ECP applications. These estimates are based in part on HHS's costs incurred to generate the 2025 HHS ECP list.

Table 5: Costs for the Federal Government Associated with the ECP Application and Renewal Form

Task	Estimated Cost
Operations and Maintenance	
Contractor Support	$204,955.00
HHS Staff Resources 2GS-13 (step 5): 2 x $130.96[1] x 420 hours	$110,006.40
Total Annual Costs to Government	**$314,961.40**

[1] Hourly basic rate + 100% fringe benefit rate.

15. Changes to Burden

There is an overall increase in burden from the 2022 PRA package because of an overall increase in the number of providers that will be subject to the application renewal requirement in 2025. The total number of respondents have increased from 12,408 respondents to 19,020, an increase of 6,612. The number of burden hours increased from 3,140 to 4,914 (14,742 for 3 years), an increase of 1,773.75 hours (+5,322 hours for 3-years). The estimated annual cost increased from $187,238.28 to $312,514.50, an increase of $125,276.22.

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 application and renewal form is available to providers year-round. We will collect these 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/Essential%20Community%20Providers and/or the HHS Rolling Draft ECP List updated monthly located at https://data.healthcare.gov/rolling-draft-list.

17. Expiration Date

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

18. Certification Statement

There are no exceptions to the certification statement.