

**Essential Community Provider Data (ECP) Collection to Support QHP Certification (0938-1295)  
60-Day Public Comment Response Summary (Ended 06/20/2025)**

Comment Type	Comment Summary	Response
Support	We received strong support from one commenter to extend HHS’ ability to collect ECP Data from providers to support HHS’ evaluation of issuers meeting the ECP Standard under 45 CFR 156.235 as part of QHP Certification Requirements. The commenter raised that continuing to collect ECP data directly from providers is necessary to help enable issuers to better meet ECP requirements and ensure providers who serve low-income and medically underserved populations are included within issuers’ networks across service areas. The commenter stated that these providers offer essential access points to communities that often lack abundant healthcare resources, and data collection tools to identify and include these providers within networks facilitates access to care and supports equity.	We thank the commenter for their support and agree that allowing HHS to continue to collect ECP data is vital to ensure QHP issuers include ECPs within their networks, facilitating access to care for low-income individuals and underserved populations.

Comment Type	Comment Summary	Response
<p>Burden associated with data collection and leveraging technology to minimize collection burden</p>	<p>Two commenters suggested improvements to limit the burden on providers associated with ECP data collection. Specifically, one commenter recommended to reduce burden among providers by enabling the Annual Renewal form to be pre-filled for returning ECPs, and for HHS to provide technical assistance to providers on filling out the form. Another commenter recommended to make the form compatible with mobile devices. One commenter raised that ECPs often have limited resources, which may limit their capacity to apply to be on the HHS ECP List and maintain their status annually.</p>	<p>We thank the commenter for raising these concerns about burden associated with ECP data collection. We note that HHS has already implemented some of these suggested improvements. For example, HHS has made multiple, recent refinements to the ECP Application and Annual Renewal Form website to reduce burden, which includes allowing returning providers to easily search for their facility and update information with some fields prepopulated, as well as displaying warnings to notify providers when eligibility fields differ from prior submissions. HHS is also developing enhancements for qualified ECPs to easily confirm their existing information is still accurate without having to re-enter data through each of the form sections. Furthermore, HHS continues to leverage system validations to quickly check eligibility. By having eligibility validations on the application, such as asking questions about if the provider resides in a low-income zip code or Health Professional Shortage Area (HPSA), participates in the 340B program, and offers a sliding fee schedule, providers get real-time feedback on disqualifications as an ECP. This reduces burden by saving providers time from submitting an application if they do not qualify by informing them of disqualifiers and blocking them from continuing through the application.</p> <p>Additionally, providers may also access the ECP Application and Annual Renewal Form on compatible browsers on their mobile devices, making it more accessible. Lastly, we note that HHS is currently exploring outreach strategies to further educate providers</p>

Comment Type	Comment Summary	Response
<p>Suggestions to enhance the quality, utility, and clarity of information collected</p>	<p>A few commenters offered improvements to enhance the quality, utility, and clarity of information collected. Specifically, some of these improvements included improving the definitions of “available ECPs”; adding additional fields to the ECP Application and Annual Renewal Form for providers to indicate telehealth availability, multilingual service capacity, and culturally specific care offerings; and making ECP data more transparent through annual reports and public-facing dashboards that disseminate ECP data trends, demographics, and gaps in access.</p>	<p>We thank the commenters for submitting these suggestions to improve ECP data collection. Regarding the commenters’ suggestion to add additional fields to the ECP Application and Renewal Form, we note that HHS already requires providers to designate the types of telehealth technology services, frequency telehealth is utilized, plans to adopt telehealth in the future, challenges with implementing or expanding telehealth services, and other telehealth options they provide within their form. We may consider adding additional fields, such as those related to multilingual service capacity and culturally specific care offerings, through future program improvements and refinements to the ECP Application and Annual Renewal Form as appropriate.</p> <p>Moreover, the commenters suggested that HHS disseminate reports on ECP data and trends. Each year, HHS posts both its Final Plan Year ECP List, which contains each ECP’s facility information in detail and designates the type of ECP category for each qualifying ECP, and the Description Sheet for the Final Plan Year ECP List describes the total number of ECPs on the Final List. Additionally, HHS posts and makes publicly available the HHS Rolling Draft ECP List that contains the most recent ECP information, updates, and changes. While this data is readily available for the public to analyze ECP demographics, HHS may consider additional ways to display ECP data trends in these resources.</p> <p>Lastly, we note that “available ECPs” means the total ECPs that are available within an issuer’s service area that issuers could include in their networks to receive credit for satisfying the ECP standard under 45 CFR 156.235. Issuers may see these “available ECPs” when they navigate to the “Add ECPs” screen in the ECP User Interface within the Marketplace Plan Management System. These available ECPs are inclusive of ECPs on the Final Plan Year ECP List and ECP Write-Ins that were approved by HHS as qualified ECPs after the mid-August cut off to the Final Plan Year ECP List.</p>