

Essential Community Provider Provisions of the ACA

Rose Conner, Cheri Tomlinson, Carmen Batista, Amy Killelea



Disclosures

Presenter(s) has no financial interest to disclose.

This continuing education activity is managed and accredited by Professional Education Services Group in cooperation with HSRA and LRG. PESG, HSRA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff has no financial interest to disclose.



Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Define Essential Community Provider Categories and provider types and understand the implications of the requirements to Ryan White programs.
2. Discuss a collaborative, multi-Ryan White grantee approach to supporting inclusion of Ryan White clinics as Essential Community Providers in Marketplace Insurance Plans.
3. Identify learning lessons and best practices for addressing ECP issues.



Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>



What Is an ECP?

Essential Community Providers are safety net providers:

“that serve predominantly low-income, medically underserved individuals.”

Specifically this includes providers described in section 340B of the Public Health Service (PHS) Act and the Social Security Act.

Source: *Definition of Essential Community Providers (ECPs) in Marketplaces*. Kaiser Family Foundation.
<http://kff.org/other/state-indicator/definition-of-essential-community-providers-ecps-in-marketplaces/>

ECP Categories and ECP Provider Types

FQHC

Federally Qualified Health Centers (FQHC) and FQHC “Look-Alike” Clinics, Outpatient health programs/facilities operated by Indian tribes, tribal organizations, programs operated by Urban Indian Organizations

Indian Health Provider

Indian Health Service (IHS providers), Indian Tribes, Tribal organizations, and urban Indian Organizations

RWHAP

Ryan White HIV/AIDS Program (RWHAP) Providers

Hospital

Disproportionate Share Hospital (DSH) and DSH-eligible Hospitals, Children’s Hospitals, Rural Referral Centers, Sole Community Hospitals, Free-standing Cancer Centers, Critical Access Hospitals

Family Planning Clinic

Title X Family Planning Clinics and Title X “Look-Alike” Family Planning Clinics

Other

STD Clinics, TB Clinics, Hemophilia Treatment Centers, Black Lung Clinics, and other entities that serve predominantly low-income, medically underserved individuals.

Source: February 20, 2015. *FINAL 2016 Letter to Issuers in the Federally-facilitated Marketplaces*. Centers for Medicare and Medicaid Services. <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-R.pdf>

Qualified Health Plan (QHP) Issuer Obligations (for FFM states)

Issuers must demonstrate in their QHP Applications that they:

- Contract with **at least 30 percent** of available ECPs in each plan's service area to participate in the plan's provider network;
- Offer contracts in good faith to **all available Indian health care providers** in the service area; and
- Offer contracts in good faith to at least **one ECP in each ECP category** in each county in the service area, where an ECP in that category is available and provides medical or dental services that are covered by the issuer **plan type**.

Source: *Chapter 7: Instructions for the Essential Community Providers Application Section*, 2016 QHP Application Instructions. Centers for Medicare and Medicaid Services. http://cms.hhs.gov/CCIIO/Programs-and-Initiatives/Files/Downloads/Chapter_07_ECP_Instructions_Ver1_04162014.pdf

“Contracts in good faith”

“To be offered in good faith, a contract should offer terms that a willing, similarly-situated, non-ECP provider would accept or has accepted. CMS will expect issuers to be able to provide verification of such offers if CMS requests to verify compliance with the policy.”



Source: Chapter 7: Instructions for the Essential Community Providers Application Section, 2016 QHP Application Instructions. Centers for Medicare and Medicaid Services.
http://cms.hhs.gov/CCIIO/Programs-and-Initiatives/Files/Downloads/Chapter_07_ECP_Instructions_Ver1_04162014.pdf

How can I find out if I have been included as an ECP?

1.

Contact the contract department within your organization.

2.

Review the FINAL non-exhaustive HHS list of ECPs PY 2017 published by CMS.

<https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/ghp.html>

3.

Visit [ww.Healthcare.gov](http://www.Healthcare.gov) or use the Enroll America's Get Covered Plan Explorer (www.enrollamerica.org) to search for Qualified Health Plans by provider.

Step one: The HHS Non Exhaustive ECP List

Data.HealthCare.gov Sign Up Sign In

FINAL PY 2017 ECP LIST

SOURCE DATASET [ECP - Final 2017 ECP List](#)

ATTN: Please use the search fields to look up the row number for question 17 of the petition. Click [here](#) or the Download button below to view the entire draft ECP list for plan year 2017.

[Export](#) [API](#)

Showing all Rows

Site Name

Search

Search for your organization's name

Q

The list includes:

- Provider name
- ECP category (e.g., Ryan White, STD clinic)
- Address
- Number of medical and dental FTEs

Step Two: QHPs use the ECP list to apply to be certified

Template that QHPs Use to Apply to CMS for Certification

1	<input type="button" value="Clear All"/> <input type="button" value="Show Selected ECPs"/> <input type="button" value="Insert Selected ECP"/>					
2	Organization Name <input type="text"/>	National Provider Identifier <input type="text"/>	ECP Category (General ECP Standard Issuers Only) <input type="text"/>	Number of authorized MDs, DOs, PAs, and NPs <input type="text"/>	Number of authorized DMDs and DDSs <input type="text"/>	Site Street Address 1 <input type="text"/>
1040	Chiricahua Community Health Center	0000000000	Ryan White Providers	99999	99999	1205 F Ave
1151	HEALTH SERVICES Arizona Dept. of	0000000000	Ryan White Providers	99999	99999	150 N 18th Ave Ste 520
1202	Northland Cares	0000000000	Ryan White Providers	99999	99999	3112 Clearwater Dr Ste A
21222						
21223						

Step Three: Requesting to be added to the ECP list

- The 2017 plan year list is **FINAL**
 - Providers who qualified as ECPs, but were not on the ECP list were able to petition to be added to the list; the deadline was August 22, 2016 to be added as a “write-in” for the 2017 plan year
- The deadline to petition to be added to the 2018 plan year was August 22, 2016
 - BUT, similar to last year, there will be subsequent opportunities to petition to be added as a “write-in” for the 2018 plan year
- The ECP petition submission process will remain open year-round, and updates will be reflected on the following plan year ECP list

Source: June 12, 2014. *Frequently Asked Questions on Essential Community Providers*. Centers for Medicare and Medicaid Services.
<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-on-ECPs-6-12-14.pdf>

Considerations for ECPs as they seek Contracts with QHPs

- Being an ECP and inclusion on the ECP list is not a requirement that plans contract with you; however, demonstrating an ability to provide services to specific, under-served populations allows an ECP to demonstrate value to a QHP, for instance by:
 - Providing extra services, like care coordination and language services, not usually provided in for-profit health care settings
 - Providing preventive services that QHPs are now required to cover as part of U.S. Preventive Services Task Force recommendations
 - Providing services to individuals with complex conditions that encourage appropriate utilization of services and treatment adherence and that ultimately save QHPs money

National ECP Compliance

- Monitoring and enforcing ECP compliance is challenging, but the following are steps RWHAP providers can take to ensure they are being treated fairly by QHPs:
 - Monitor inclusion of ECPs (and RWHAP providers in particular) in QHP networks using health care.gov and other provider network look-up tools
 - If at least one RWHAP provider is not included in a QHP network or if a QHP is offering contract terms to an ECP that are more onerous/different from contract terms offered to other non-ECP providers, contact your state Department of Insurance
 - Report challenges to national groups monitoring QHP compliance with consumer protections (NASTAD, HIV Medicine Association, Harvard Law School Center for Health Law and Policy Innovation)

So let's talk about Arizona

People Living With HIV

THE STATE OF ARIZONA

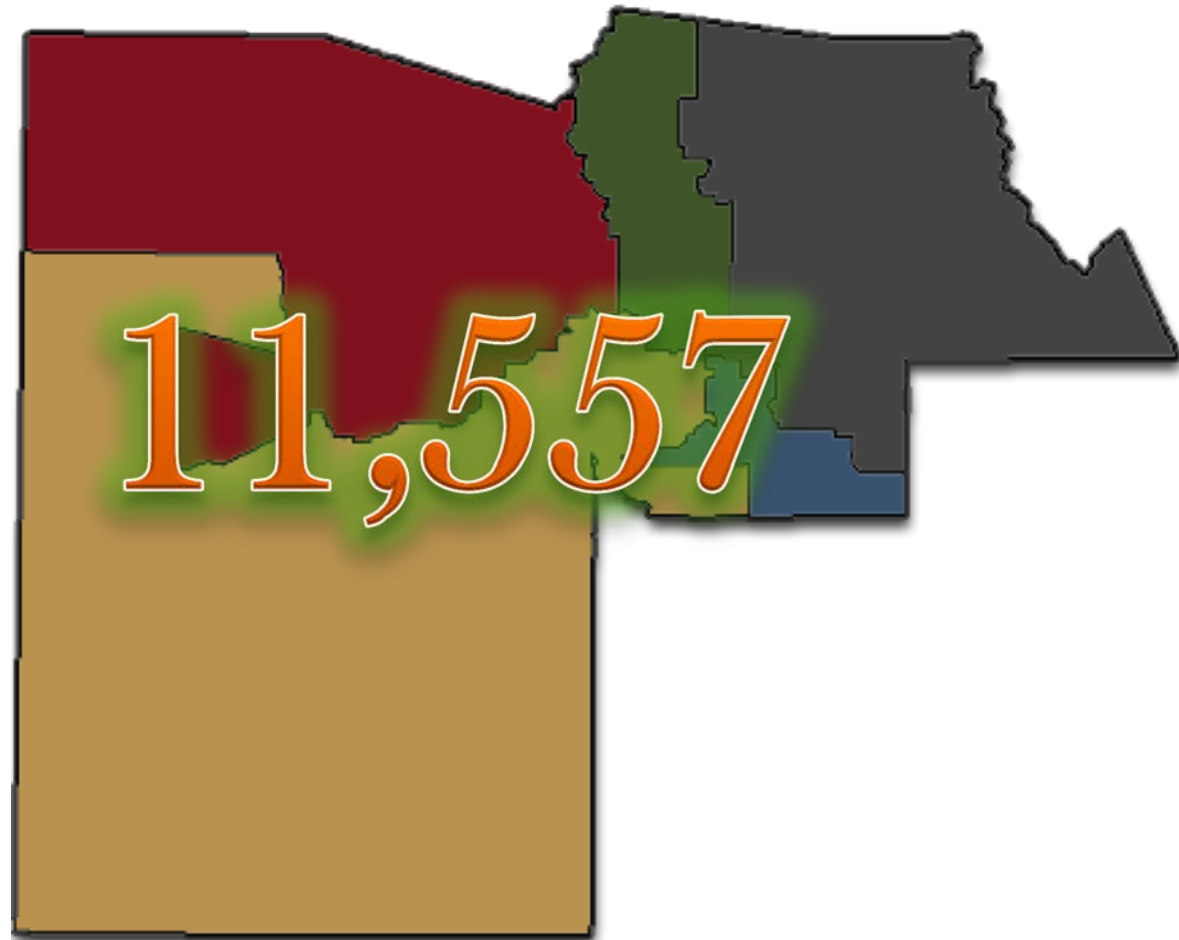


Arizona Department of Health Services HIV/AIDS Annual Report – August 2015

<http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/hiv-epidemiology/reports/2015/2015-state-of-arizona.pdf>

People Living With HIV

MARICOPA COUNTY

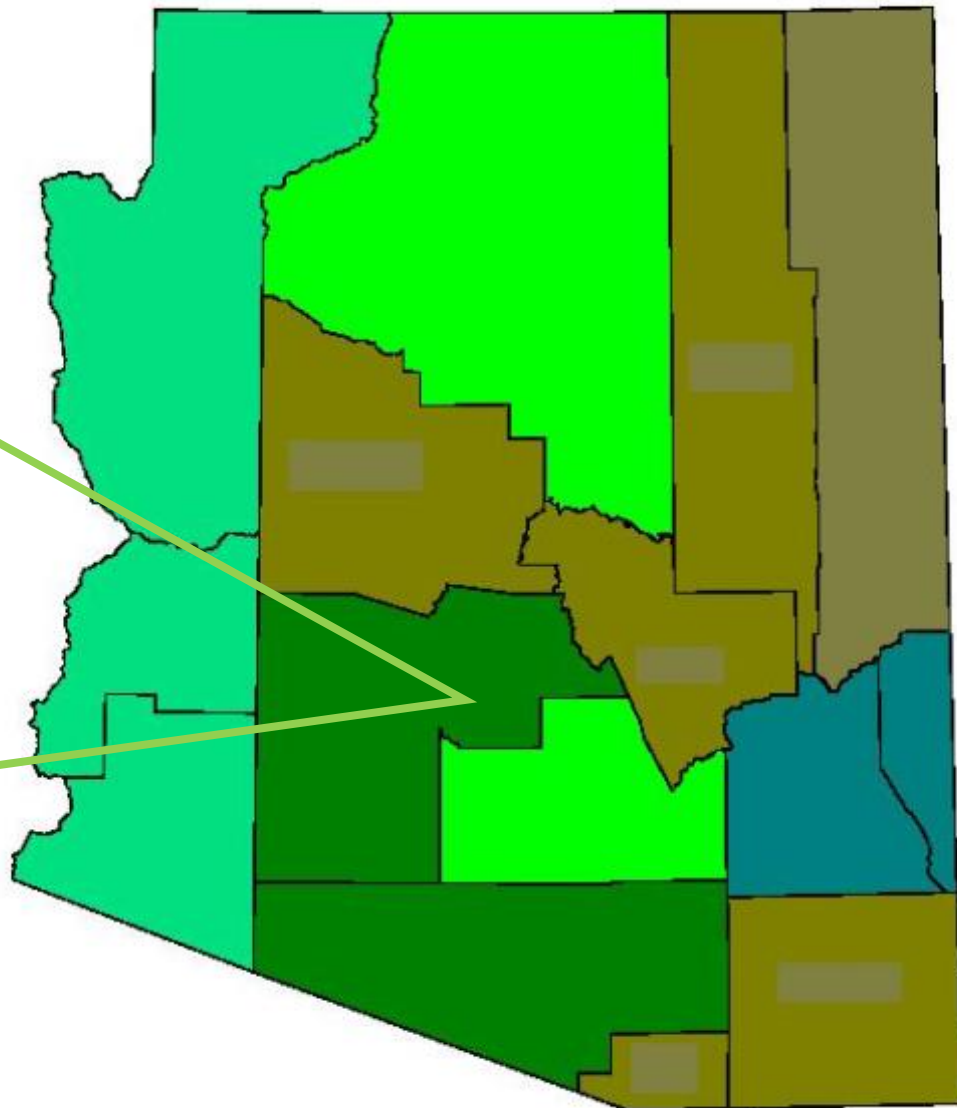


People Living With HIV

MARICOPA INTEGRATED HEALTH SYSTEM



People with HIV
receiving care at MIHS
1 in 5 in Arizona
1 in 3 in Maricopa
County



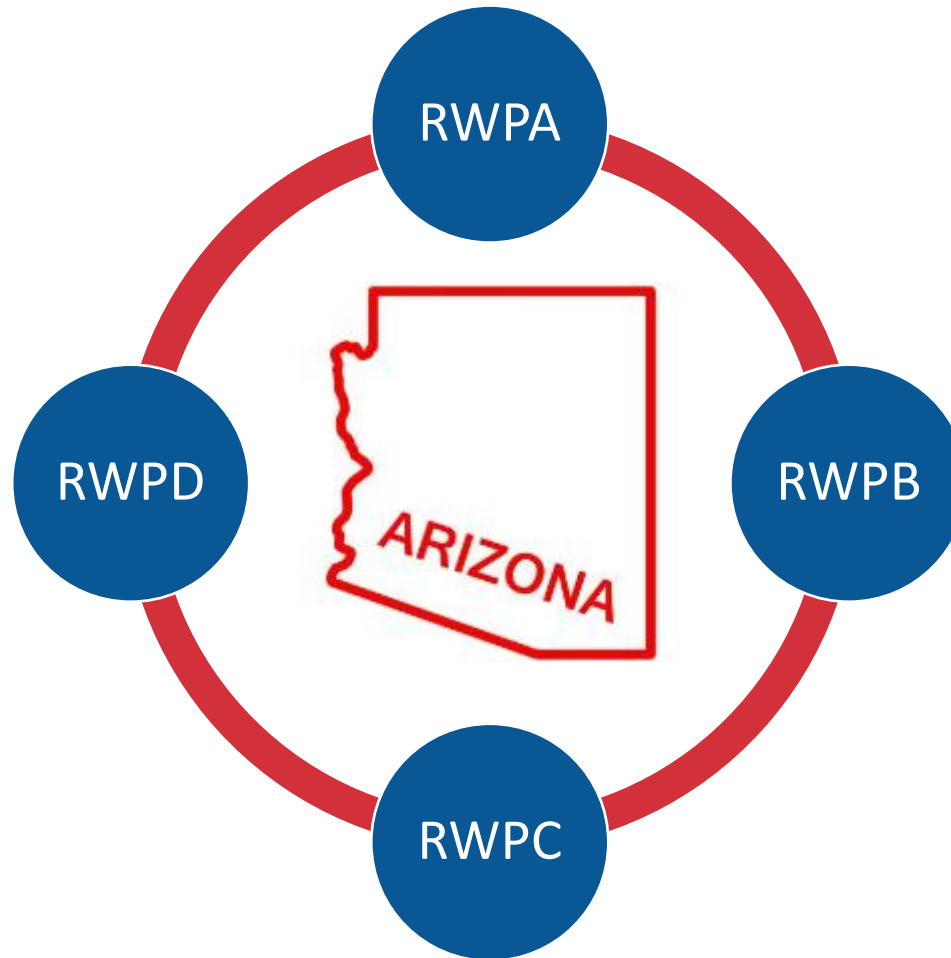
Which Arizona ECPs are also RWHAP medical providers?

County	Essential Community Providers Ryan White HIV/AIDS Program Medical Care Providers
Apache	None
Cochise	None
Coconino	➡ Coconino County Health Department ➡ North Country
Gila	➡ Gila County Health Department
Graham	None
Greenlee	None
La Paz	None
Maricopa	➡ Maricopa Integrated Health System (MIHS), McDowell Clinic. MIHS is also the Ryan White Part C and D Grantee. ➡ Phoenix Indian Medical Center (PIMC). PIMC only serves Native Americans.
Mohave	None
Navajo	None
Pima	➡ El Rio Community Health Center. El Rio is also a Ryan White Part C Grantee. ➡ The University of Arizona Petersen Clinic. The Peterson Clinic is also a Ryan White Part C Grantee.
Pinal	➡ Sun Life Family Health Center
Santa Cruz	None
Yavapai	None
Yuma	None

Are there other entities in Arizona considered Ryan White HIV/AIDS Program ECPs?

No. The Arizona Department of Health Services and Maricopa County Public Health Department are NOT essential community providers.

Collaborative Approach



Identifying, Informing, Educating and Enrolling the HIV Community into the Affordable Care Act: The Phoenix Eligible Metropolitan Area (EMA) Planning Council Experience

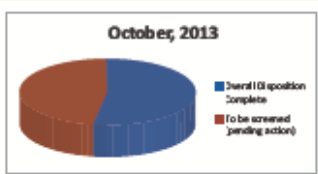
Rose Conner, RN, M.Ed., Carmen Batista, MPH, Randall Furrow, MBA, Claire Tyrpak
Maricopa County Ryan White Part A Program – Phoenix, AZ, United States · Ryan White Part A Planning Council – Phoenix, AZ, United States

IDENTIFY: The identification task was largely handled by the RWPA program staff. All existing client data was reviewed to determine whether the clients were eligible for transition to ACA coverage. To help clients understand the transition process, the program labeled the various healthcare coverage options which were based on existing insurance and income levels as "buckets".

The seven buckets were:

- Medicaid
- Medicare
- Dual Medicare / Medicaid
- Health-E AZ Plus
- Marketplace
- Categorically Ineligible
- Pre-existing Condition Insurance Plan

Every client was notified of their current "bucket" and whether they would be required to transition to a new "bucket".



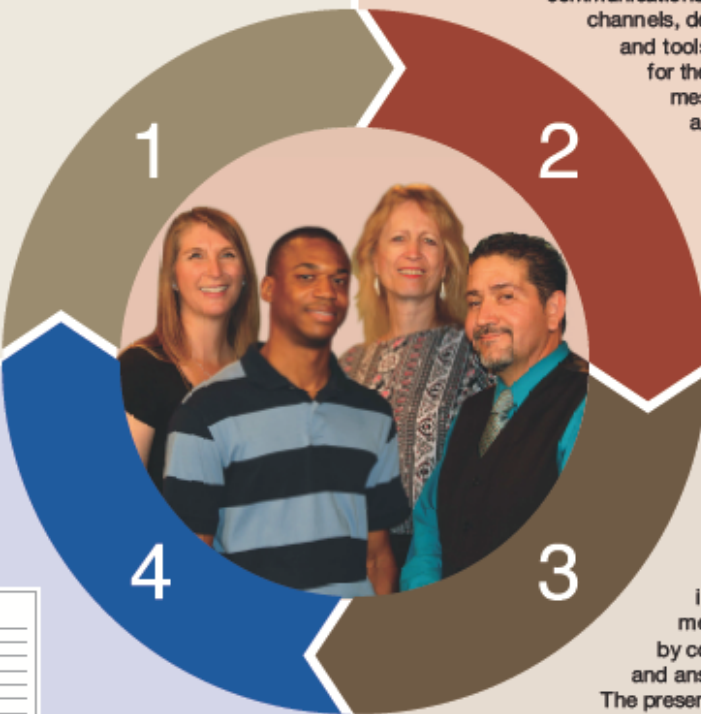
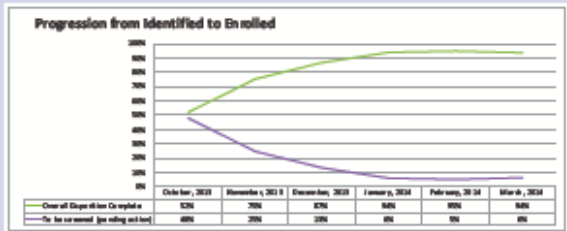
INFORM: The inform subcommittee focused its efforts on communications needed for:

- the client
- provider agencies
- Planning Council members

This sub-committee developed an overall strategy and messaging to serve as the foundation for the communications. The strategy addressed channels, demographic sub-groups, and tools. A toolkit was developed for the agencies to deliver the messaging. Client literacy and cultural competency was considered and incorporated into the messaging and the channels of communication. Materials were shared with the Cover AZ coalition and published on multiple websites.



ENROLL: The enrollments were completed by providers who were contracted for case management and clinical services. The enrollments occurred in community based and clinical settings. The clients were supported by their case managers in a setting where they felt comfortable. End result: 94% enrollment!



EDUCATE: Presentations and educational materials were created to boost the health literacy of clients. Planning Council members, including consumer members, participated by conducting the training and answering questions.

The presentations were given throughout the community, to clients, to agency staff, and the Planning Council. Overall, 20 presentations in Spanish and English were delivered over a period of three months. The ultimate goal was 100% enrollment.

10

Things to Know about the Affordable Care Act in Arizona

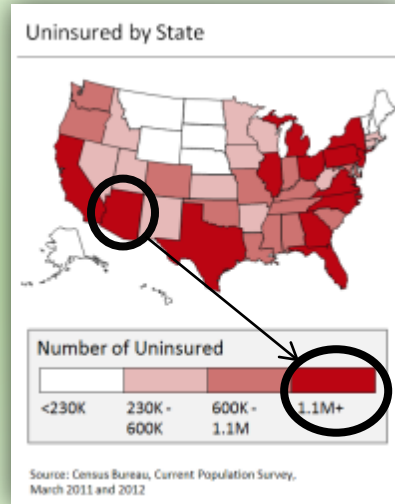
- 1 Your health care coverage is changing. Starting on October 1, 2013, people who are currently on Medicaid or CHIP will be required to move to the new health care system. This means you will need to get a new health insurance card.
- 2 Work with trusted groups. Healthcare providers, community groups, and faith-based organizations are helping you understand the new health care system. They can help you get the information you need to make the best choice for you and your family.
- 3 Different people need to do different things. Healthcare providers need to get the information they need to make the best choice for you and your family. Community groups and faith-based organizations need to get the information they need to help you understand the new health care system. They can help you get the information you need to make the best choice for you and your family.
- 4 Learn the language of your new health plan. Your new health plan will have a lot of new words and phrases. It's important to understand what they mean so you can make the best choice for you and your family. There are many resources available to help you learn the language of your new health plan.
- 5 Say enrolled in Ryan White and ADAP Services. Healthcare providers need to know you are enrolled in Ryan White and ADAP Services so they can help you get the information you need to make the best choice for you and your family.
- 6 Your Case Manager can help. Your Case Manager is a professional who can help you understand the new health care system. They can help you get the information you need to make the best choice for you and your family.
- 7 Open enrollment starts October 1, 2013. Open enrollment is the time when you can choose a new health plan. It's important to understand the rules of open enrollment so you can make the best choice for you and your family.
- 8 Once you're in, stay enrolled. It's important to stay enrolled in your health plan so you can continue to get the care you need. If you stop your enrollment, you will need to go through the open enrollment process again.
- 9 Get more information. There are many resources available to help you understand the new health care system. You can visit the website www.coveraz.org or call 1-800-458-4243 for more information.
- 10 Stay informed and stay healthy. It's important to stay informed about the new health care system and to stay healthy. There are many resources available to help you stay informed and stay healthy.

*Programs funded in whole or in part by the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White HIV/AIDS Treatment Extension Act of 2009 and Maricopa County.

AFFORDABLE CARE ACT TIMELINE

Pre-ACA

Maricopa County **6th**
most uninsured county in
the U.S. at
675,000



OE1



120,071

Enrolled in the Marketplace

228,758

Enrolled in AHCCCS

Source: ASPE.hhs.gov

OE2



Source:
enrollamerica.org

Arizona
166,131
Enrolled in the Marketplace
as of January 16, 2015

Maricopa County
107,310
Enrolled in the Marketplace
as of January 16, 2015

OE3



Source: cms.gov

February 1, 2016

Arizona

203,066

Enrolled in the Marketplace

Maricopa County

144,196

Enrolled in the Marketplace

ACA Open Enrollment Year 3
McDowell Healthcare Center had 97% enrollment

ACA Implementation in AZ

OE Year 1 and Year 2:

- Successful enrollment of 98% of all clients
- Medicaid expansion and RWPB payment of premiums crucial component of this accomplishment

ACA Implementation in AZ

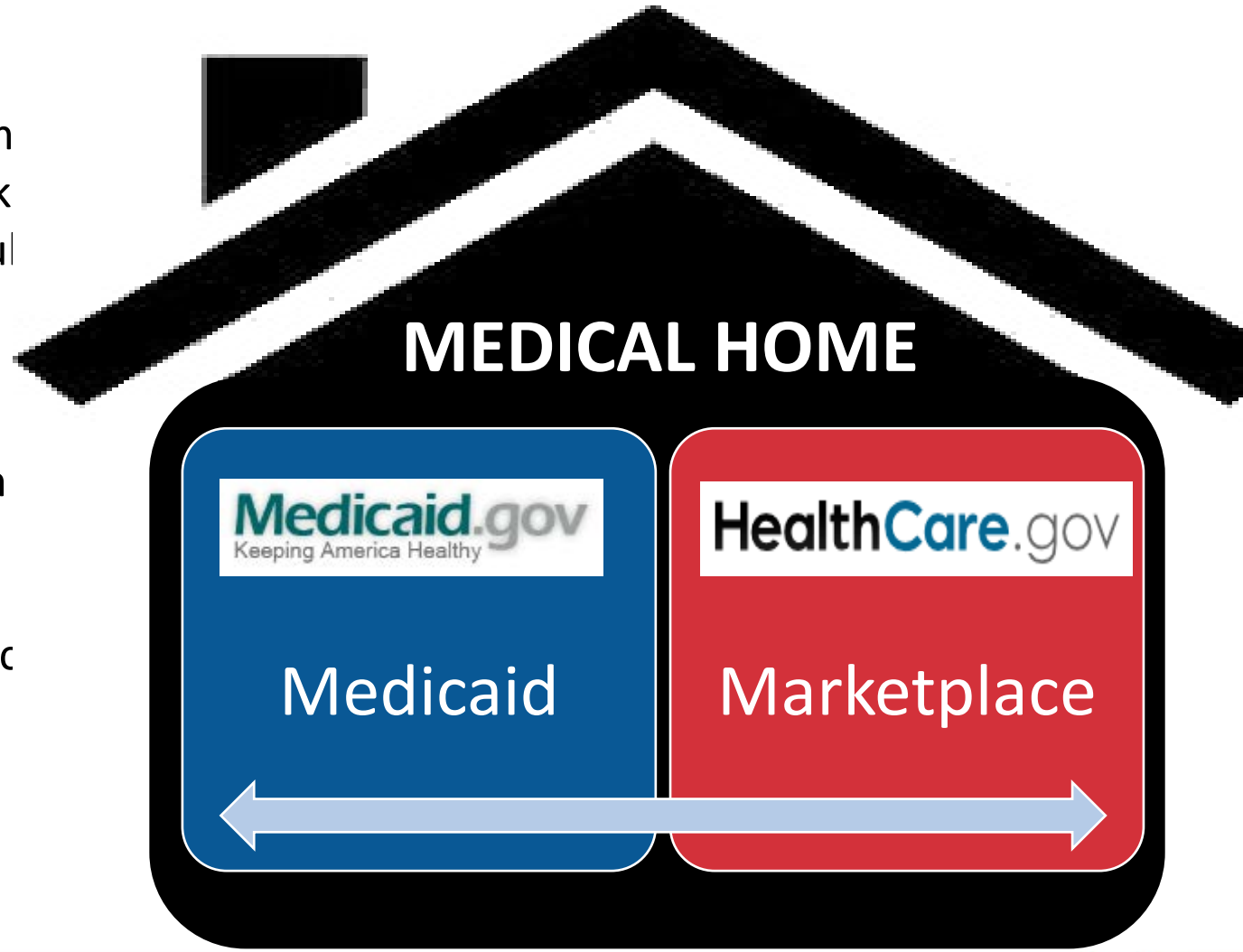
OE Year 3:

- Abrupt suspension of Meritus effected 50,000 in Arizona, forcing many to:
 - Switch providers and transition care
 - Pay higher premiums and cost sharing rates to stay with their current provider
 - Have a gap in medically necessary care

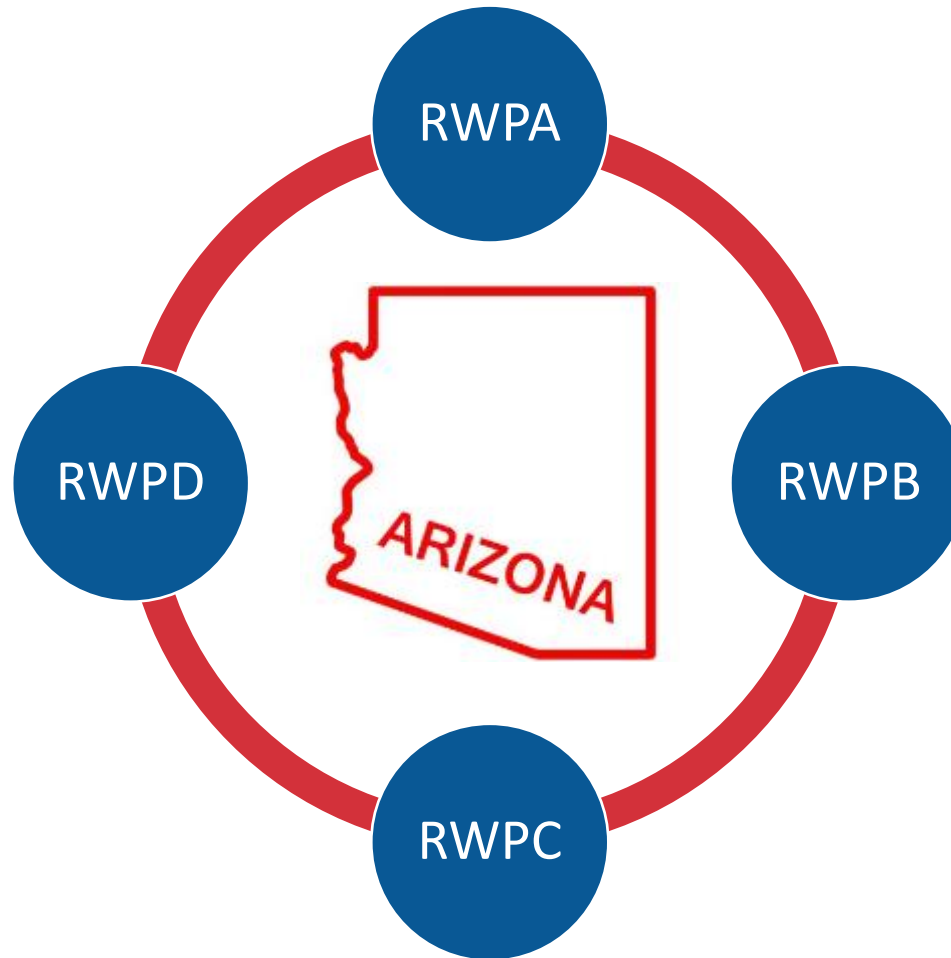


Continuity of Care

- As income changes, individuals move back and forth between public and private health insurance eligibility.
- ECPs that accept both Medicaid and Marketplace plans provide continuity of care as Medical Homes.



Collaborative Approach



OE3 Strategy Changed Overnight

- ❑ On **October 30, 2015** just days before the start of OE3, the Arizona Department of Insurance (DOI) announced unexpectedly in a press release that Meritus would be placed under supervision and prohibited from selling plans for 2016 due to the lack of a stable financial footing that would guarantee protection of their clients.
- ❑ Approximately **1 out of 6 Arizona Marketplace consumers** were affected by Meritus being placed under supervision by the DOI.
- ❑ It was realized that over **50,000** in Arizona of which **30,000+** MIHS patients covered by the Meritus CO-OP would soon lose their medical coverage and/or medical home. Approximately **400 PLWHA** in the Marketplace needed to change plans.

What To Do in 12-Weeks?

- ❑ Staff had to be trained about the recent changes and created Quick Reference Plan Guides in
- ❑ Analyzed plan differences, it was determined that the most comparable UnitedHealthcare plan appeared to be very competitive, ranking as the second most costly option on the Marketplace for a 40-year old individual with various pre-existing conditions.
- ❑ About **22,000 (67%) out of 30,000 transitioned**
- ❑ Finally, over **1,000 calls** were made to our patients seen at the HIV/AIDS clinic, resulting in **437** individuals assisted with enrolling in coverage.

Time to Understand ECP

Found that many community members were poorly informed on the current ECP regulations and their potential impact on the community.

One study on ACA eligibility estimated that, even in states with the least amount of churning, more than **40 percent** of adults likely to enroll in Medicaid or subsidized Marketplace coverage would experience a change in eligibility within twelve months.

Source: Sommers BD, Graves JA, Swartz K, Rosenbaum S. “Medicaid and Marketplace eligibility changes will occur often in all states; policy options can ease impact.” *Health Affairs*. April 2014; 33 (4): 700–7.

Unaware and Uniformed

- ❑ Through research, we learned that many people in the community, including insurers and providers, were **unaware** of the implications that these regulations imposed.
- ❑ ECPs are safety-net providers for the community, as described in section 340B of the Public Health Service (PHS) Act and the Social Security Act, and **provide critical medical services to the most vulnerable patient**

Source: “FINAL 2016 Letter to Issuers in the Federally-facilitated Marketplaces.” Centers for Medicare and Medicaid Services. February 20, 2015.
- ❑ We discovered that issuers **may not be compliant** with this portion of the ACA, regarding ECP network adequacy requirements.

Open Enrollment Year 4



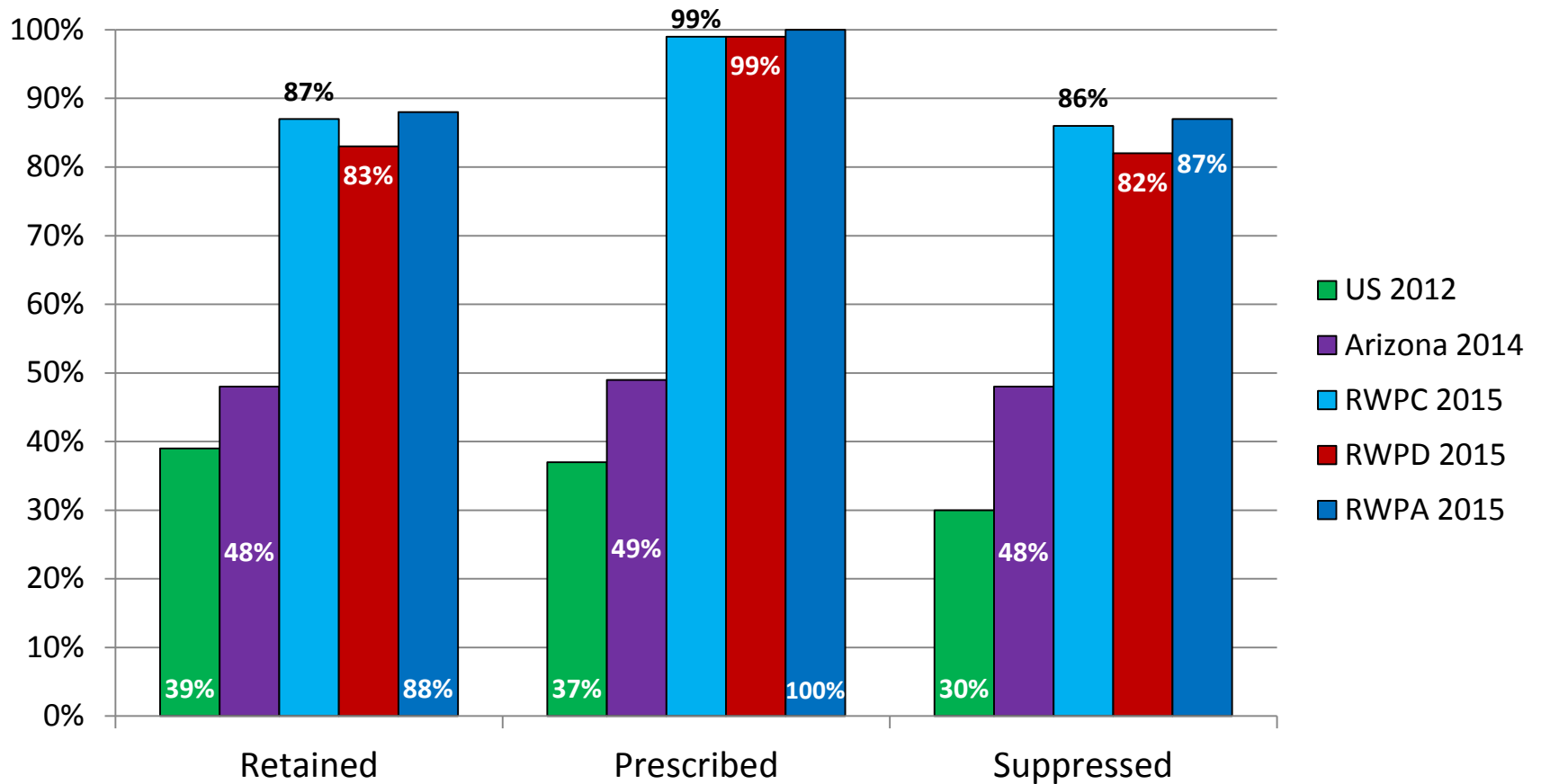
What Happens in OE4 -- Stay Tuned

OE3: MIHS (RWPC/D) has the sole Ryan White HIV/AIDS provider (RWPA) in Maricopa County (excluding Phoenix Indian Medical Center who serves only American Indians) and was not included in the other Qualified Health Plan networks **except for one plan**.

OE4: At this time (July 1, 2016) MIHS does not have a contract with any of the Qualified Health Plans.

Not enrolling would mean a lapse in necessary medical treatment, including a disruption in administration of antiretroviral medications and no continuity of medical care which **may result in poorer health outcomes**.

HIV Continuum of Care Maybe Jeopardized: By Possible Loss of Medical Home



Open Enrollment Year 4

Strategies to address concerns about possible ECP non-compliance moving forward:

- Step 1: Know your ECP RW status with Each Qualified Health Plan
- Step 2: Educate Internal Management
- Step 3: Communicate with Other Ryan White Grantees and Providers
- Step 4: Contact Qualified Health Plans
- Step 5: Share information with Project Officer
- Step 6: Collaborate with HHS and CMS Regional Offices
- Step 7: Notify Office of Civil Rights, if applicable
- Step 8: Inform Consumers so they can make informed choice

Lessons Learned (RWPC/D)

- ❑ Critical to adopt a “Culture of Coverage” to ensure community members are able to access the health care services
- ❑ Understand that ECP must be adept at managing the natural “churning” process that occurs as an individual’s eligibility for Medicaid and the Marketplace
- ❑ Become aware that there was a lack of understanding throughout the community about what constitutes an ECP and why they provide a critical service
- ❑ Know your contracts or lack of contracts with Qualified Health Plans
- ❑ View Final HHS non-exhaustive list of ECPs and know deadlines
- ❑ Visit healthcare.gov or Enroll America’s Get Covered Plan Explorer to Search for QHP by provider
- ❑ Notify your Qualified Health Plans in writing if you want to be included in their network as an ECP Ryan White Provider
- ❑ Educate internal and external stakeholders
- ❑ Work with Project Officer on the challenges in your community

Call to Action for RWPA and B

1. Brief leadership on why this is an important issue and how it impacts continuity of care and the patient outcomes
2. Update everyone's website to clearly identify essential community providers
3. Identify the contract holders and products
4. Engage your partners – i.e. NASTAD, Public Health Departments, Consultant Agencies, statewide coalition

Contact Information



If you would like to learn more about this issue please contact:

- Rose Conner

connerr001@mail.maricopa.gov

- Cheri Tomlinson

Cheri.Tomlinson@mihs.org

- Carmen Batista

Carmen.Batista@azdhs.gov

- Amy Killilea

akillilea@nastad.org

ESSENTIAL COMMUNITY PROVIDER (ECP)



Essential Community Providers are safety net providers that serve predominantly low-income, medically underserved individuals.

What is an ECP?

There are six major categories:

1. Federally Qualified Health Center
2. Ryan White Provider
3. Family Planning Provider
4. Indian Health Provider
5. Hospital
6. Other ECP Provider

Why are ECPs important?

ECPs that accept both Medicaid and Marketplace plans provide continuity of care as Medical Homes for many individuals who move back and forth between their eligibility.

How do I know if I have been included on the ECP list?

1. Contact the contract department within your organization.
2. Review the FINAL HHS non-exhaustive list of ECPs PY 2016 published by CMS.
<https://www.cms.gov/medicaid/contracting/health-care-providers/health-care-providers.html>
3. Visit www.healthcare.gov or use the Enroll America's Get Covered Plan Explorer (www.enrollamerica.org) to search for Qualified Health Plans by provider.

Sources and Resources for More Information:

Federal Statutes

42 United States Code (USC) § 18031. Affordable choices of health benefit plans. <https://www.law.cornell.edu/uscode/text/42/18031>

42 USC § 300ff-14(b)(2). Use of amounts. <https://www.law.cornell.edu/uscode/text/42/300ff-14>

42 USC § 300ff-23(a)(1). Grants to establish HIV care consortia. <https://www.law.cornell.edu/uscode/text/42/300ff-23>

42 USC § 300ff-51(a). Establishment of a Program. <https://www.law.cornell.edu/uscode/text/42/300ff-51>

42 USC § 300ff-52(a)(1) and (b)(1)(B). Minimum qualifications of grantees. <https://www.law.cornell.edu/uscode/text/42/300ff-52>

Section 1927 of the Social Security Act [42 USC § 1396r-8] Payment for Covered Outpatient Drugs. <https://www.law.cornell.edu/uscode/text/42/1396r-8>

Federal Regulations

45 Code of Federal Regulations (CFR) Part 156.230. Network adequacy standards. <https://www.law.cornell.edu/cfr/text/45/156.230>

45 CFR Part 156.235. Essential community providers.

<https://www.law.cornell.edu/cfr/text/45/156.235>

Federal Guidance

February 20, 2015. *FINAL 2016 Letter to Issuers in the Federally-facilitated Marketplaces*. Centers for Medicare and Medicaid Services. <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016-Letter-to-Issuers-2-20-2015-R.pdf>

Chapter 7: *Instructions for the Essential Community Providers Application Section*, 2016 QHP Application Instructions. Centers for Medicare and Medicaid Services. http://cms.hhs.gov/CCIIO/Programs-and-Initiatives/Files/Downloads/Chapter_07_ECP_Instructions_Ver1_04162014.pdf

Essential Community Providers Template. Centers for Medicare and Medicaid Services. <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>

Policy Notice 11-02: Clarification of Legislative Language Regarding Contracting with For Profit Entities. HIV/AIDS Bureau. <http://hab.hrsa.gov/manageyourgrant/pinspals/habpl1102.pdf>

Other Sources

MIHS Grants and Research Department. www.grants.mihs.org

www.Medicaid.gov

www.Healthcare.gov

Essential Community Providers: Information for Ryan White Providers. HIV Medicine Association. http://hivclinician.org/wp-content/uploads/2014/12/HCR_Essential_Community_updated_december-2014.pdf

April, 2013. *Essential Community Providers: Tips to Connect with Marketplace Plans.* National Academy for State Health Policy. <http://www.nashp.org/sites/default/files/ecp.tips.connect.marketplace.plans.pdf>

January 2015 Issue Brief. *Federal and State Standards for “Essential Community Providers” under the ACA and Implications for Women’s Health.* Kaiser Family Foundation. <http://kff.org/womens-health-policy/issue-brief/federal-and-state-standards-for-essential-community-providers-under-the-aca-and-implications-for-womens-health/>

June 12, 2014. *Frequently Asked Questions on Essential Community Providers.* Centers for Medicare and Medicaid Services. <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-on-ECPs-6-12-14.pdf>

Definition of Essential Community Providers (ECPs) in Marketplaces. Kaiser Family Foundation. <http://kff.org/other/state-indicator/definition-of-essential-community-providers-ecps-in-marketplaces/>

FINAL non-exhaustive HHS list of ECPs PY 2016. Centers for Medicare and Medicaid Services. <https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>

August 21, 2015. *Essential Community Provider Data Collection to Support QHP Certification for PY 2017.* Centers for Medicare and Medicaid Services. <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-10561.html?DLPage=1&DLEntries=10&DLFilter=10561&DLSort=1&DLSortDir=descending>