

Description and Purpose of the Final CMS Essential Community Providers List for the 2025 Plan Year

DESCRIPTION OF FINAL CMS LIST OF ESSENTIAL COMMUNITY PROVIDERS:

Similar to previous years, for the 2025 plan year, the Centers for Medicare & Medicaid Services (CMS) is releasing a final list of Essential Community Providers (ECPs) to assist Qualified Health Plan (QHP) 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 providers that 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 entities described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act (SSA).

This final CMS ECP list contains the following types of essential community providers:

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes¹
- Health centers providing dental services
- Hospitals: Critical Access Hospitals, Rural Referral Centers, Disproportionate Share Hospitals, Children's Hospitals, Sole Community Hospitals, Free-standing Cancer Centers
- Indian health care providers, which include providers participating in programs operated by 1) the Indian Health Service; 2) a Tribe or Tribal organization under the authority of the Indian Self-Determination and Education Assistance Act; and 3) an urban Indian organization under the authority of Title V of the Indian Health Care Improvement Act
- Ryan White HIV/AIDS Program providers
- Family planning providers receiving Federal funding under Title X of the PHS Act and not-for-profit or governmental family planning service sites that do not receive Federal funding under Title X of the PHS Act or other 340B-qualifying funding
- Mental Health Facilities, including Community Mental Health Centers
- Substance Use Disorder Treatment Centers
- 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, and Rural Emergency Hospitals

Providers included on the final CMS ECP list for the plan year 2025 reflect those providers that submitted an online ECP petition between December 9, 2015, and August 16, 2023, were approved by CMS for inclusion on the ECP list through the ECP petition review process and have updated their provider data via the petition site in response to CMS provider outreach. 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).

This final CMS list of ECPs for the 2025 plan year contains 18,490 providers, compared with 11,550 providers included on the final ECP list for the 2024 plan year. The increase in providers is largely due to the addition of mental health facilities and SUD treatment centers to the final ECP list. The list is not exhaustive and does not include every provider that participates or is eligible to participate in the 340B

¹Community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding. <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc-look-alikes>.

drug program, every provider that is described under section 1927(c)(c)(1)(D)(i)(IV) of the SSA, or every provider that may otherwise qualify under 45 CFR 156.235.

CMS collects provider data directly from providers through the ECP petition and does 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 owns 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.

PURPOSE OF CMS LIST OF ECPs:

CMS will use this final ECP list as the basis for determining the number of available ECPs in the QHP service area. In other words, the denominator of the percentage of available ECPs included in the QHP's provider network(s) includes ECPs in the QHP's service area that are listed on the CMS list of ECPs. All providers included in a QHP issuer's application and that meet the Federal regulatory standard and appear on this final CMS ECP list for the 2025 plan year will count toward the numerator of the ECP evaluation percentage. Additionally, issuers may use the provider points of contacts on the list to aid in provider network development.

UPDATES TO CMS LIST OF ECPs:

CMS conducts provider outreach throughout the year to update provider data on the ECP list for the 2025 plan year. These revisions have included updating provider contact information, modifying the types of health services displayed on the list as available at specific provider facilities, and removing provider practices that are no longer in business or no longer accepting plans purchased through an Exchange. In addition to ongoing provider outreach that CMS conducts, CMS launched the ECP petition initiative in early December 2015 to solicit qualified providers to correct and update their provider data on the ECP list and solicit qualified providers to petition to be added to the ECP list to ensure a more accurate reflection of the available ECPs in a given service area.

While CMS is providing this updated final list for the 2025 plan year, CMS encourages providers that do not appear on the ECP list but believe they satisfy the ECP inclusion criteria, as outlined within the ECP petition, to submit an online ECP petition to CMS for inclusion on the ECP list for the 2026 plan year. Providers that wish to submit corrections, updates, and requests for inclusion on the CMS ECP list for the 2026 plan year must submit an online ECP petition by no later than August 14, 2024. The ECP petition is available at https://data.healthcare.gov/ccijo/ecp_petition. The ECP petition process will remain open throughout the year for providers to correct and update their data for future plan year ECP list releases.

CMS endeavors to continue improving the ECP list for future years. These efforts include direct provider outreach to ECPs themselves, as well as reviewing the provider data with our federal partners. We recommend that individual ECPs regularly review their provider data on the CMS ECP list to ensure that their information is up to date. We ask that issuers, trade associations, and other third parties refer concerns about individual provider listings to the respective providers themselves.