

To: Issuers participating in Maryland Health Connection
CC: Johanna Fabian-Marks, Director, MHBE Policy and Plan Management

From: Elizabeth Leo, Partner Data Specialist, MHBE Policy and Plan Management

Date: May 8, 2021

Re: Updated Essential Community Providers list for Plan Year 2021

Purpose:

This letter intends to explain the methodology used to create the Essential Community Providers list by the Maryland Health Benefit Exchange. The list is sourced from two documents; the “Final Non-exhaustive HHS List of ECPs” [HHS stands for Health and Human Services] for the current plan year¹ and from a list provided to us by the Maryland Department of Health (MDH) that includes Expanded Essential Community Providers, as defined under 45 CFR §156.235(c). It should be noted that in previous years, the list supplied by MDH did not have National Provider IDs (NPIs) for many ECPs and that MDH updated their own methodology to obtain many of the NPIs for this year’s list. This has resulted in a large apparent growth in the number of ECPs, however, many of the “new” ECPs are records that were previously removed as duplicate due to lacking NPIs to verify the duplication.

Overall, the ECP list for PY 2021 totals 1,220 providers with 142 of those being new records from last year’s ECP list. 85 Stand-Alone Dental Providers² were identified either from their ECP Type category or during address verification. The below table shows the distribution of ECP types across counties in Maryland:

¹ Available at: <https://www.qhpcertification.cms.gov/s/ECP%20and%20Network%20Adequacy>

² “2021 ECP Table” lists 80 SADP due to Out of State locations not being included on the table

Essential Community Providers by County and Category

Note: Categorization counts are not mutually exclusive.

Site County	Hospital	FQHC	Ryan White	Family Planning	Indian Provider	Other	2016 Expansion Providers	Dental Provider	MDH List
ALLEGANY	0	5	0	1	0	2	13	1	13
ANNE ARUNDEL	0	4	1	2	0	11	56	1	56
BALTIMORE	0	6	4	12	0	23	87	4	87
Baltimore City	14	66	12	16	2	90	313	16	311
CALVERT	0	0	0	1	0	6	15	0	16
CAROLINE	0	17	0	1	0	3	26	5	24
CARROLL	0	2	0	1	0	9	22	0	21
CECIL	1	4	1	0	0	8	20	2	21
CHARLES	0	6	0	3	0	6	19	1	20
Dorchester	0	9	2	8	0	4	28	6	24
FREDERICK	0	5	0	1	0	11	38	0	38
GARRETT	0	4	2	3	0	2	5	3	6
HARFORD	0	7	0	2	0	13	36	2	36
HOWARD	0	2	2	3	0	6	23	1	23
KENT	0	3	0	2	0	3	10	2	11
MONTGOMERY	1	42	4	18	0	20	82	4	84
PRINCE GEORGES	2	22	6	8	0	38	99	3	102
QUEEN ANNES	0	1	0	1	0	2	10	1	9
SAINT MARYS	0	2	0	1	0	5	15	0	14
SOMERSET	0	4	0	3	0	3	9	1	11
TALBOT	0	9	1	1	0	5	17	2	17
WASHINGTON	0	13	1	1	0	8	37	6	40
WICOMICO	0	15	1	3	0	5	34	1	35
WORCESTER	0	5	3	3	0	7	16	1	14
District of Columbia	9	46	29	25	0	13	12	17	16
Total	27	299	69	120	2	303	1042	80	1049

Methodology:

The database obtained from MDH was first reformatted into a single spreadsheet with an additional column to capture the ECP type categories. MDH defines the following types in their document: Mental Health Clinics, Opioid Treatment Centers – MMIS, ADDA Cert. Addiction Programs – MMIS, Local Health Departments – MMIS, Family Planning – MMIS, FQHC – MMIS, SBHC, and Title X. These categories were mapped to the MHBE defined categories of: Hospital, Federally Qualified Health Center (FQHC), Ryan White, Family Planning, Indian Provider, Other, and the 2017 Expansion Provider category previously defined above. The MDH list was then added to the MHBE working database in Excel and marked as “1” in the “MDH List” column to indicate their origin.

Due to the restrictions of the MDH mainframe system, many of the entries have abbreviations or truncations. The records were corrected using the Find/Replace function in Excel. ZIP codes that were given as 5 digit numbers were expanded by 4 trailing zeros to match the expanded ZIP code format present in some of the records and in the CMS file. The address for each site was split into two columns (“Site Address 1”, “Site Address 2”) as applicable to indicate suite/room/apartment numbers or PO Boxes. In a change from 2020, records that could be positively identified as mailing addresses from the CMS NPI database were combined with the physical address listed for that NPI record, resulting in a lower overall number of ECPs but a higher confidence that all listed ECP records correspond to a real physical practice location.

The spreadsheet obtained from CMS was first edited to expand the ECP Type categories. New columns with the MHBE ECP categories were added and simple SEARCH() functions were used to read the cell containing the ECP Type list and populate each ECP Type column with a TRUE, indicating a match, or FALSE³. The TRUE entries were then converted to “1” and the FALSE entries were removed. The data was then copied into the MHBE working file and saved.

In the MHBE working document, conditional formatting was applied to the ECP Type columns to show a green checkmark for each “1” and the text was changed to white to allow for easy identification of categories at a glance for each record. The HHS NPI database⁴ was then used to verify each entry with a NPI and google search was used to verify the addresses and obtain additional contact information. Duplicate records were removed when their address could not be verified against the official NPI database. Many records in the NPI database have not been updated in many years, so an arbitrary cutoff of 10 years was used when making judgements about contact information. In the event that the NPI database record was more than 10 years old, but the provider had a website with up-to-date contact information, the information from the website was used. In the event that an old record corresponded to a provider who did not have a website, no contact information was added. Records from CMS were not altered since CMS uses their own methodology to verify contact information and it was assumed to be correct. During this manual process, information from the websites or NPI database records was used

³ For example: =ISNUMBER(SEARCH("Federally Qualified Health Centers",E2))

⁴ <https://npiregistry.cms.hhs.gov/>

to augment MDH-sourced records including the ECP Type categories, dental provider status, and ECP Site and Provider names.

Upon completion of the manual address verification and contact information expansion, the remove duplicates function in Excel was used to remove identical records. The database was then compared against last year's list to identify the MHBE ECP Number (formatted as MD_12345678_ECP). Once all MHBE identification numbers from the previous list had been mapped to the current list, the MHBE identification numbers from the previous list were copied into a text file and the prefixes and affixes removed. This file was then imported into a python script that generated new, unique random 8-digit numbers for the "new" ECPs that were not present on last year's list⁵. This new list was imported into Excel and each record was prefixed and affixed as noted above. The fresh list of random numbers was assigned to the new ECP records in alphabetical order. Once complete, the "new" ECP records that could not be matched were copied into the "New 2021 ECPs" tab and the previously identified dental providers were copied into the "2021_SADP_ECP_List" tab. A pivot table was generated to show the distribution of ECP Type categories across counties in Maryland.

⁵ Code available upon request, utilized Numpy's python library methods