

HSD Instructions

This document contains information needed to complete the HSD tables required for the online application process (you will not need to complete HSD tables if you are applying for an employer-only SAE). It also contains frequently asked questions (FAQ) regarding HSD submission and processing, guidance on developing valid addresses and field edits for the MA Provider and MA Facility tables.

Contents

Specialty Codes for the MA Provider Table	2
Specialty Codes for the MA Facility Table	3
HSD Table Instructions.....	4
MA Provider Table	4
MA Facility Table.....	7
HSD Exceptions Guidance - Requesting Exceptions	9

SPECIALTY CODES

CMS has created specific specialty codes for each of the physician/provider and facility types. Applicants must use the codes when completing HSD tables (MA Provider and MA Facility tables).

Specialty Codes for the MA Provider Table

- 001 – General Practice
- 002 – Family Practice
- 003 – Internal Medicine
- 004 – Geriatrics
- 005 – Primary Care – Physician Assistants
- 006 – Primary Care – Nurse Practitioners
- 007 – Allergy and Immunology
- 008 – Cardiology
- 009 – Cardiac Surgery
- 010 - Chiropractor
- 011 – Dermatology
- 012 – Endocrinology
- 013 – ENT/Otolaryngology
- 014 – Gastroenterology
- 015 – General Surgery
- 016 – Gynecology, OB/GYN
- 017 – Infectious Diseases
- 018 - Nephrology
- 019 - Neurology
- 020 - Neurosurgery
- 021 - Oncology - Medical, Surgical
- 022 - Oncology - Radiation/Radiation Oncology
- 023 – Ophthalmology
- 024 - Oral Surgery
- 025 - Orthopedic Surgery
- 026 - Physiatry, Rehabilitative Medicine
- 027 - Plastic Surgery
- 028 - Podiatry
- 029 - Psychiatry
- 030 - Pulmonology
- 031 - Rheumatology
- 032 - Thoracic Surgery
- 033 - Urology
- 034 - Vascular Surgery
- 000 – OTHER

Specialty Codes for the MA Facility Table

- 040 – Acute Inpatient Hospitals
- 041 - Cardiac Surgery Program
- 042 - Cardiac Catheterization Services
- 043 - Critical Care Services – Intensive Care Units (ICU)
- 044 - Outpatient Dialysis
- 045 - Surgical Services (Outpatient or ASC)
- 046 - Skilled Nursing Facilities
- 047 - Diagnostic Radiology
- 048 - Mammography
- 049 - Physical Therapy
- 050 - Occupational Therapy
- 051 - Speech Therapy
- 052 - Inpatient Psychiatric Facility Services
- 053 – NOT IN USE
- 054 - Orthotics and Prosthetics
- 055 - Home Health
- 056 - Durable Medical Equipment
- 057 - Outpatient Infusion/Chemotherapy
- 058 - Laboratory Services
- 059 – NOT IN USE
- 060 – NOT IN USE
- 061 - Heart Transplant Program
- 062 - Heart/Lung Transplant Program
- 063 - Intestinal Transplant Program
- 064 - Kidney Transplant Program
- 065 - Liver Transplant Program
- 066 - Lung Transplant Program
- 067 - Pancreas Transplant Program

HSD Table Instructions

The tables should reflect the applicants' executed contracted network on the date of submission. CMS considers a contract fully executed when both parties have signed. Applicants should only list providers with whom they have a fully executed updated contract. These contracts should be executed on or prior to application submission deadline. In order for the automated network review tool to appropriately process this information, applicants must submit Provider and Facility names and addresses exactly the same way each time they are entered, including spelling, abbreviations, etc. Any errors will result in problems with processing of submitted data and may result in findings of network deficiencies. CMS expects all applicants to fully utilize the opportunities for pre-checks and to fully review the Automated Criteria Check (ACC) reports to ensure that their HSD tables are accurate and complete.

MA Provider Table

This table captures information on the specific physicians/providers in the applicant's contracted network. If a provider serves beneficiaries residing in multiple counties in the service area, list the provider multiple times with the appropriate state/county code to account for each county served. Providers that have opted out of Medicare cannot be included in the applicant's contracted network or on this table.

Column Explanations

- A. SSA State/County Code** – Enter the SSA State/County code of the county which the listed physician/provider will serve. The state/county code is a five digit number. Please include any leading zeros (e.g., 01010). The state and county codes on the HSD Criteria Reference Table are the codes you should use. Format the cell as “text” to ensure that codes beginning with a “0” appear as five digits.
- B. Name of Physician or Mid-Level Practitioner** – Self-explanatory. Up to 150 characters.
- C. National Provider Identifier (NPI) Number** – The provider's assigned NPI number must be included in this column. Enter the provider's individual NPI number whether the provider is part of a medical group or not. The NPI is a ten digit numeric field. Include leading zeros.
- D. Specialty** – Name of specialty of listed physician/provider. This should be copied directly off of the HSD Criteria Reference Table.
- E. Specialty Code** – Specialty codes are unique codes assigned by CMS to process data. Enter the appropriate specialty code. If the applicant is proposing to rely on a provider

type that is not on the CMS Specialty code list, please add a line to the HSD provider table and enter that provider's information along with "000" (3 zeros) as the specialty code for that provider.

- F. **Contract Type** – Enter the type of contract the Applicant holds with listed provider. Use "DC" for direct contract and "DS" for downstream (define DS) contract.

Provider Service Address Columns- Enter the address (i.e., street, city, state and zip code) of the location at which the provider sees patients. **Do not list P.O. Box, house, apartment, building or suite numbers, or street intersections.**

- G. **Provider Service Address: Street Address** – up to 250 characters

- H. **Provider Service Address: City** – up to 150 characters

- I. **Provider Service Address: State** – 2 characters

- J. **Provider Service Address: Zip Code** – up to 10 characters

- K. **Provider Previously Listed** – Enter "Y" if the provider is listed more than once on the HSD table. Enter "N" if a provider is not listed more than once on this table (i.e. for other counties or in the same county for another type of Specialty).

- L. **Contracted Hospital Where Privileged** – Enter the name of the contracted hospital in the service area where the listed physician/provider has admitting privileges, other than courtesy privileges. If the provider does not have admitting privileges at a contracted hospital in the service area, please leave this cell blank. If the provider has admitting privileges at more than one contracted hospital in the service area, please insert additional rows into the table as needed and fill in all corresponding data on each line for all other contracted hospitals, in the service area, where the provider has admitting privileges. *Note:* If you enter the same SSA state/county, NPI number, specialty code, and address combination more than once to accommodate listing multiple entries for the Contracted Hospital Where Privileged field, only the first occurrence will count in the ACC processing. The additional rows will count as duplicates and will appear on the Address Information Report for informational purposes. This will not adversely impact the evaluation of the submitted HSD tables.

- M. **Hospital National Provider Identifier (NPI) Number** – Enter the NPI number for the contracted hospital(s) where the provider has admitting privileges. If the provider does not have admitting privileges at a contracted hospital in the service area, leave blank. The NPI number is a 10 digit numeric field. Include leading zeros.

- N. **If PCP Accepts New Patients?** – Indicate if provider is accepting new patients by entering a "Y" or "N" response.

- O. **If PCP Accepts Established Patients?** – Indicate if provider is limiting practice to only established patients by entering a "Y" or "N" response.
- P. **Does Applicant Delegate Credentialing?** – Enter "Y" if the applicant delegates the credentialing of the physician. Enter "N" if the applicant does not delegate credentialing of the physician. If credentialing is not required, leave cell blank.
- Q. **If Credentialing is Delegated, List Entity** – - If credentialing is not performed by the applicant, enter the name of the entity that performs the credentialing. The name entered must match one of the entities listed on the **Delegated Business Function Table** in HPMS. (See Section 3.10.B of the consolidated Part C – Medicare Advantage Application.) Field Length is 250 characters.
- R. **Medical Group Affiliation** – If provider is affiliated with a medical group/Individual Practice Association MG/IPA), list the name of the MG/IPA. If the applicant has a direct contract with the provider, then enter "DC." Leave this column blank if the provider is not affiliated with a MG/IPA or does not have a direct contract with applicant.
- S. **Employment Status** – For each provider affiliated with a medical group, enter an "E" if the provider is an employee of the MG/IPA. Enter "DS" if there is a downstream contract in place. Otherwise, leave this cell blank.

MA Facility Table

Only list the providers that are contracted Medicare-certified providers. Please do not list any additional providers or services except those included in the list of facility specialty codes.

If a facility offers more than one of the defined services and/or provides services in multiple counties, the facility should be listed multiple times with the appropriate “SSA State/County Code” and “Specialty Code” for each service.

Column Explanations:

- A. **SSA State/County Code** – Enter the SSA State/County code of the county for which the listed facility will serve. The county code should be a five digit number. Please include any leading zeros (e.g., 01010). The state and county codes on the HSD Criteria Reference Table are the codes that applicants should use. Format the cell as “text” to ensure that codes beginning with a “0” appear as five digits.
- B. **Facility or Service Type** – Name of facility/service type of listed facility. This should be copied directly off of the HSD Criteria Reference Table.
- C. **Specialty Code** – Specialty codes are unique 3 digit numeric codes assigned by CMS to process data. Enter the Specialty Code that best describes the services offered by each facility or service. Include leading zeros.
- D. **Certification Number (CCN)** – Enter the facility’s Medicare Certification Number in this column. If none, leave blank.
- E. **National Provider Identifier (NPI) Number** – Enter the provider’s assigned NPI number in this column. The NPI is a ten digit numeric field. Include leading zeros.
- F. **Number of Staffed, Medicare-Certified Beds** – For Acute Inpatient Hospitals, Critical Care Services – Intensive Care Units (ICU)s, Skilled Nursing Facilities, and Inpatient Psychiatric Facility Services, enter the number of Medicare-certified beds for which the Applicant has contracted access for Medicare Advantage enrollees. This number should not include Neo-Natal Intensive Care Unit (NICU) beds.
- G. **Facility Name** – Enter the name of the facility. Field Length is 150 characters.

Provider Service Address Columns- Enter the address (i.e., street, city, state and zip code) from which the provider serves patients. **Do not list P.O. Box, house, apartment, building or suite numbers, or street intersections.** For Home Health and Durable Medical Equipment, indicate the business address where one can contact these vendors.

H. **Provider Service Address: Street Address** – up to 250 characters

I. **Provider Service Address: City** – up to 150 characters

J. **Provider Service Address: State** – 2 characters

K. **Provider Service Address: Zip Code** – up to 10 characters

HSD Exceptions Guidance - Requesting Exceptions

If an applicant discovers Application deficiencies during the pre-check review which indicate the submitted network does not meet the minimum provider/bed number, time and/or distance requirements for any individual provider/facility type in a particular county, Applicant may request an Exception for that deficiency under the following circumstances:

- * Patterns of care in the county do not support need for the requested number of the specific provider/facility type
- * (Limited to RPPO applicants) – The RPPO applicant is relying on Alternative Arrangements to meet access requirements for this provider/facility type in this county.

Applicants requesting Exceptions must complete the **CMS Exceptions Template** for each exception requested and provide the appropriate information requested in the template. Additionally, all Exceptions must be requested and supported with appropriate documentation within the timeframe established by CMS.