HSD Technical Training for 2010 Medicare Advantage Applications

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Today's Training

☐ Discuss technical aspects for submitting HSD information for automated assessment against the standardized access criteria.

☐ Discuss technical aspects for submitting exception requests

☐ Will NOT address the criteria themselves or technical concerns on application issues other than the submission of HSD information for assessment against the standardized criteria.

☐ Industry application training scheduled for early January, specific dates to be announced soon.

Standardized Network Criteria

- Networks must meet two critical adequacy criteria for each provider type in each county
  - minimum number of providers/beds
  - time/distance requirements
- Require number of providers based on market share assumptions for new applicants
- Exceptions requests considered under limited circumstances if supported by appropriate documentation
- Not intended to standardize network approaches of limit innovation, just to ensure adequate access for enrollees.

Health Services Delivery Tables Overview

- Basic required information remains the same as in prior years
- Several pieces of new information required
- Number of tables reduced
- Names of tables changed
- Multiple tables no longer required for each county
- Only HSD tables subject to automated review
  - MA Provider Table (formerly HSD-2)
  - MA Facility Table (formerly HSD-3)

MA Provider Table (formerly HSD 2)

☐ Substantive changes from prior years

- ■ Table no longer lists specialties and specialty codes

- ■ SSA State/County Code required

- ■ NPI of Hospital where providers privileged now required

MA Facility Table (formerly HSD 3)

- Substantive changes from prior years
  - Service type not listed
  - Specialty codes required
  - SSA state/county code required
  - Provider NPI required
  - Medicare Certification Number required
  - Number of staffed Medicare beds required for certain providers

Other HSD Tables

- Will continue to be uploaded into HPMS for manual review

- Contract Signature Index Tables
  - Name changes
    - ▶ Contract and Signature Index – Provider (formerly HSD 2A)
    - ▶ Contract and Signature Index – Facility (formerly HSD 3A)
  - Required information has not changed

Other HSD Tables, cont.

- Additional and Supplemental Benefits Table (formerly HSD 4)
  - Name change
  - Required information has not changed
- MA Signature Authority Grid (formerly HSD 5)
  - Name change
  - Required information has not changed.

Additional Changes for RPPOs

- RPPOs must submit HSD tables
- Separate access standards and supporting documentation no longer required
- Alternative arrangements for services must be submitted through the exceptions process

HSD Tables and HPMS

☐ Beginning with the CY2011 application season, applicants will be able to participate in an HSD Pre-Check of the MA Provider and MA Facility Tables. This Pre-Check will let applicants know preliminarily if they meet the criteria for the automated portion of the HSD Review.

☐ In order to participate in the Pre-Check process, applicants must have uploaded completed MA Provider and MA Facility Tables into HPMS, with all pending non-employer only counties accounted for on the tables, and must indicate their wish to participate in the Pre-Check process.

☐ The Pre-Check process will be explained further in this presentation.

HSD Tables and HPMS

☐ Beginning with the CY2011 application season, applicants will be able to submit exception requests with their HSD submissions.

☐ Exceptions may be requested for specific provider/facility types in a specific county.

☐ All exception requests must be submitted prior to the Final Submission of the MA Initial or SAE Application.

☐ The Exception Request process will be explained further in this presentation.

HPMS - HSD Templates

- HPMS provides Excel templates for all HSD tables. These templates should be downloaded to your computer and are accessed from the MA Download link on the Online Application page.

- The direct link for the MA Download zip file is:

  - HPMS Home page>Contract Management>Basic Contract Management>Select Contract Number>Contract Management Start Page>Online Application>Download Templates>MA

- Each template will be submitted separately in HPMS on the Upload HSD Tables page.

- Instructions for Upload will be covered later in this presentation.

MA Provider Table

☐ The MA Provider Table is where you will list every provider in your network, by county and Provider Type. Providers that have opted out of Medicare must not be included in the applicant's contracted network or on this table.

☐ You must include provider information for every PENDING, non-employer only county in your service area (for Initial and SAE applicants).

☐ You must include information for every Provider Type indicated on the HSD Criteria Reference Tables.

MA Provider Table

- The HSD Criteria Reference Tables may be found on the CMS website and on HPMS on the Online Application screen.

    - HPMS Home page>Contract Management>Basic Contract Management>Select Contract Number>Contract Management Start Page>Online Application>Download Templates>HSD Criteria Reference Tables

- **Note:** If a provider serves beneficiaries from multiple counties in the service area, list the provider multiple times on the MA Provider Table in the appropriate state/county code to account for each county.

MA Provider Table – Field Definitions

- The following fields appear on the MA Provider Table:
    - **Column A - SSA State/County Code** – Enter the SSA County code of the county which the listed physician/provider will serve. The county code should be a five digit number. Please include any leading zeros (e.g., 01010). REQUIRED

    - **Column B - Name of Physician or Mid-Level Practitioner -** Up to 150 characters. REQUIRED

    - **Column C - National Provider Identifier (NPI) Number** – The provider's assigned NPI number must be included in this column. If the provider is a part of a medical group, use the provider's individual NPI number. The NPI is a ten digit numeric field. Include leading zeros. REQUIRED

MA Provider Table – Field Definitions

- The following fields appear on the MA Provider Table:

  - **Column D - Specialty** – Name of specialty of listed physician/provider. This should be copied directly off of the HSD Criteria Reference Table. REQUIRED

  - **Column E - Specialty Code** – Specialty codes are unique 3 digit numeric codes assigned by CMS to process data. Enter the appropriate specialty code as found in the HSD Criteria Reference Tables. If the applicant is proposing to rely on a provider type that is not accounted for in the CMS Specialty code list, please add a line to the HSD table and enter that provider's information along with "000" (3 zeros) as the specialty code for that provider. Add additional lines as needed for additional provider types without specialty codes. REQUIRED

MA Provider Table – Field Definitions

- The following fields appear on the MA Provider Table:

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

  - **Columns G-J – 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 addresses or street intersections. REQUIRED

    - ▶ Field Length for Street – 250 characters

    - ▶ Field Length for City – 150 characters

    - ▶ Field Length for State code – 2 characters

    - ▶ Field Length for zip code – 10 characters

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

MA Provider Table – Field Definitions

☐ The following fields appear on the MA Provider Table:

◼ **Column L – Contracted Hospital Where Privileged -** Enter the contracted hospital in the service area where the listed physician/provider has admitting privileges, other than courtesy privileges. If the provider has admitting privileges at more than one contracted hospital, please insert additional rows into the table as needed and **fill in all corresponding data on each line.** If the provider does not have admitting privileges at a contracted hospital in the service area, leave blank. Field length is 250 characters.

MA Provider Table – Field Definitions

- The following fields appear on the MA Provider Table:

  - **Column M - Hospital National Provider Identifier (NPI) Number -** Enter the NPI number for the contracted hospital 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.

  - **Column N – If PCP, Accepts New Patients -** Indicate if provider accepts new patients by entering a "Y" or "N" response. Required

  - **Column O – If PCP, Accepts Only Established Patients -** Indicate if provider accepts only established patients by entering a "Y" or "N" response. If "N" was entered in Column N, please leave this cell blank.

  - **Column P – Does MCO 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, please leave cell blank.

MA Provider Table – Field Definitions

- The following fields appear on the MA Provider Table:
  - **Column 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
  - **Column R - Medical Group Affiliation** – If provider is affiliated with a medical group/IPA, list the name of the MGA/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 medical group/IPA or does not have a direct contract with applicant.
  - **Column S - Employment Status** - For each provider affiliated with a medical group, enter an "E" if the provider is an employee of the medical group/IPA or a "DS" if there is a downstream contract in place. Otherwise, leave this cell blank.

MA Provider Table – Specialty Codes and Specialty Names

☐ The following Provider Specialty Codes and Names should be used on the MA Provider Table:

- ■ 001 – General Practice
- ■ 002 – Family Practice
- ■ 003 – Internal Medicine
- ■ 004 – Gerontology
- ■ 005 – Primary Care – Physician Assistants
- ■ 006 – Primary Care – Nurse Practitioners

NOTE: The SUM total of specialty codes 001 – 006 is used to determine if the minimum number of Primary Care Providers is met for each county.

MA Provider Table – Specialty Codes and Specialty Names Continued

- Specialty codes and names continued…
  - 007 – Allergy and Immunology
  - 008 – Cardiac Surgery
  - 009– Cardiology
  - 010 - Chiropractor
  - 011 – Dermatology
  - 012 – Endocrinology
  - 013 – ENT/Otolaryngology
  - 014 – Gastroenterology
  - 015 – General Surgery
  - 016 – Gynecology, OB/GYN

MA Provider Table – Specialty Codes and Specialty Names

☐ The following Provider Specialty Codes and Names should be used on the MA Provider Table:

- 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

MA Provider Table – Specialty Codes and Specialty Names Continued

☐ Specialty codes and names continued…

- 029 - Psychiatry
- 030 - Pulmonology
- 031 - Rheumatology
- 032 - Thoracic Surgery
- 033 - Urology
- 034 - Vascular Surgery
- 035 – NOT CURRENTLY IN USE
- 036 - Anesthesia
- 037 - Emergency Medicine
- 038 - Pathology
- 039 - Radiology
- 000 - OTHER

MA Facility Table

☐ The MA Facility Table is where you will list Facilities in your network, by county and Facility Type.

☐ You must include facility information for every PENDING, non-employer only county in your service area (for Initial and SAE applicants). Not all facilities are expected in each county.

☐ You must include information for every facility Types indicated on the HSD Criteria Reference Tables.

MA Facility Table

- The HSD Criteria Reference Tables may be found on the CMS website and on HPMS on the Online Application screen.

  - HPMS Home page>Contract Management>Basic Contract Management>Select Contract Number>Contract Management Start Page>Online Application>Download Templates>HSD Criteria Reference Tables

- **Note:** If a facility offers more than one of the defined services and/or provide services in multiple counties, the facility should be listed multiple times with the appropriate "SSA County Code" and "Specialty Code" for each service.

MA Facility Table – Field Definitions

☐ The following fields appear on the MA Facility Table:

- **Column A - SSA State/County Code** – Enter the SSA 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). REQUIRED

- **Column 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. REQUIRED.

- **Column 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. REQUIRED

MA Facility Table – Field Definitions

- The following fields appear on the MA Facility Table:

  - **Column D - Medicare (CMS) Certification Number (CCN)** – Enter the facility's Medicare Certification Number in this column. If none, leave blank.

  - **Column 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. REQUIRED

  - **Column F - Number of Staffed, Medicare-Certified Beds** – For Acute Inpatient Hospitals, ICUs, Skilled Nursing Facilities, Inpatient Psychiatric, and Inpatient Substance Abuse, enter the number of Medicare-certified beds for which the Organization has contracted access for Medicare Advantage enrollees. This number should not include Neo-natal Intensive Care Unit (NICU) beds. Numeric Field.

MA Facility Table – Field Definitions

- The following fields appear on the MA Facility Table:

  - **Column G - Facility Name-** Enter the name of the facility. Field Length is 150 characters. REQUIRED.

  - **Columns H-K – Provider Service Address columns -** Enter the address (i.e., street, city, state and zip code) where services are provided. Do not list P.O. Box addresses or street intersections. For DME and Home Health, indicate the business address for contacting these vendors. REQUIRED

    - ▶ Field Length for Street – 250 characters
    - ▶ Field Length for City – 150 characters
    - ▶ Field Length for State code – 2 characters
    - ▶ Field Length for zip code – 10 characters

MA Facility Table – Specialty Codes and Specialty Names

- The following Facility Specialty Codes and Names should be used on 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 - Inpatient Substance Abuse
  - 054 - Orthotics and Prosthetics

MA Facility Table – Specialty Codes and Specialty Names Continued

☐ Specialty codes and names continued…

- 055 - Home Health
- 056 - Durable Medical Equipment
- 057 - Outpatient Infusion/Chemotherapy
- 058 - Laboratory Services
- 059 - Outpatient Mental Health
- 060 - Outpatient Substance Abuse
- 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 File - Precautions

- Applicants must ensure that ALL required Provider Types and Facility Types are included for each pending non-employer only county in the service area.

- Applicants must ensure that ALL required fields on the MA Provider Table and the MA Facility Table are completed.

- Applicants must not use the following restricted characters in the HSD tables: < > ; &

- Since the HSD Review is now mostly automated, applicants must take great care in completing the HSD files. Errors with data, formatting, file extension, etc., will prevent an applicant from participating in the HSD Pre-Check process.

HSD Upload Instructions

- Before attempting to upload any files into HPMS, please ensure that the SERVICE AREA section of Contract Management correctly illustrates your intent.

- Most uploads which are automated (HSD and Part D) are programmed to compare what is submitted with the Pending Service area indicated in Contract Management.

- Mismatches will block your ability to participate in the HSD Pre-Check process.

- General upload rules:
  - File names cannot contain commas
  - Upload non-password protected .zip files
  - Follow all file naming conventions as outlined in the MA Upload Read Me Files (Initial or SAE, depending on your application).

HSD Upload Instructions

☐ Each HSD file is uploaded separately as a ZIPPED file (.zip). The following formats must be utilized before zipping each file:

- ■ MA Provider Table: tab-delimited text file with .txt extension

  - ▶ **Note – Delete the header row(s) before creating the tab-delimited text file. If headers are included, the upload will fail.**

- ■ MA Facility Table: tab-delimited text file with .txt extension

  - ▶ **Note – Delete the header row(s) before creating the tab-delimited text file. If headers are included, the upload will fail.**

- ■ Contract and Signature Index – Provider: .xls or xlsx file (Excel)

- ■ Contract and Signature Index – Facilities: .xls or .xlsx file (Excel)

- ■ MA Additional and Supplemental Benefits Table: .xls or .xlsx file (Excel)

- ■ MA Signature Authority Grid: .xls or .xlsx (Excel)

HSD Upload Instructions

☐ To access the Online Application, in HPMS, you will follow this path:

- ■ HPMS Home Page>Contract Management>Basic Contract Management>Select Contract Number>Online Application.

☐ The Online Application page allows you to do the following:

- ■ Submit various application attestations
- ■ Download application templates
- ■ Upload files
- ■ View HSD application reports
- ■ Final Submit an application
- ■ View Confirmation History information

☐ The following slide contains a screen shot of the Online Application page.

HSD Upload Instructions

Health Plan Management System

Home

Submit Attestations

EGWP
MA
Part D
SNP-Institutional - Institutional (Facility)
SNP-Chronic or Disabling Condition - Cardiovascular Disorders and Diabetes
SNP-Chronic or Disabling Condition - Severe Hematologic Disorders
SNP-Chronic or Disabling Condition - End-Stage Renal Disease Requiring Dialysis (Any Mode of Dialysis)

Download Templates

MA
Part D
HSD Criteria Reference Tables
SNP

Upload Files

HSD Tables
Pharmacy Lists
MA Supporting Files
Part D Supporting Files
SNP-Institutional - Institutional (Facility) Proposals
SNP-Chronic or Disabling Condition - Cardiovascular Disorders and Diabetes Proposals
SNP-Chronic or Disabling Condition - Severe Hematologic Disorders Proposals
SNP-Chronic or Disabling Condition - End-Stage Renal Disease Requiring Dialysis (Any Mode of Dialysis) Proposals

HSD

HSD Status Report
Exceptions Request
Exceptions Upload
HSD Submission Reports

Final Submission

Submit Final Application
View Confirmation History

Top of Page

Back

Online Application

Selected Contract #: Z1111 Test Contract
Application Type: Initial
Organization Type: Local CCP
Plan Type: HMO/HMOPOS

You will use this module to perform the following actions:

- Submit Attestations.
- Download Templates.
- Upload Files.
- Request HSD Exceptions.
- Submit Application.

Go To: Contract Management Start Page

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HSD Upload Instructions

- To upload HSD files, you will click on the link called HSD Tables, under the Upload Files heading.

- This will take you to the Upload HSD Tables screen.

- This screen contains step by step instructions to aid you in uploading your HSD Files. You may upload one file at a time, or you may upload many at a time.

- On the Upload HSD Tables screen, you will also indicate if you want to participate in the Pre-Check process. Successful uploads of the MA Provider and MA Facility tables is required to participate in the Pre-Check process.

- Two Pre-Check processes will occur.

  - The first will begin on January 19, 2009

  - The second will begin on February 9, 2009.

    - ► **NOTE – you must first indicate you want to participate in the Pre-Check process AND have successfully uploaded the MA Provider and MA Facility files prior to 11:59pm EST in order to be included in the Pre-Check process!**

HSD Upload Instructions

Upload HSD Tables for Z1111

Important Note: Please refer to the supplemental MA application upload technical instructions for guidance in determining the HSD tables required by your application, preparing your HSD tables according to CMS instructions, and uploading your HSD tables to HPMS.

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- File names cannot contain commas.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- For the **MA Provider Table** and **MA Facility Table** uploads, only tab-delimited text files with a .txt will be accepted within the zipped file. **NOTE: For 2011, the review of the MA Provider Table (old HSD-2) and MA Facility Table (old HSD-3) are being automated so the uploaded files must meet the accepted format specified by CMS. The tab-delimited text files uploaded for the MA Provider Table and MA Facility Table must NOT have headers. If headers are included, the unload of the file will fail.**
- For the **Contract and Signature Index - Provider**, **Contract and Signature Index - Facilities**, **MA Additional and Supplemental Benefits Table**, and **MA Signature Authority Grid** uploads, only files with a .xls or .xlsx will be accepted within the zipped file.
- NON-NETWORK Organizations are NOT required to submit HSD files.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

HSD Tables: To access your latest HSD Table upload(s), please select the HSD Table name below.

☑ Please include my MA Provider Table and MA Facility Table in the pre-check runs of the automated criteria check (ACC)

MA Provider Table		Browse...
MA Facility Table		Browse...

Contract and Signature Index - Provider		Browse...
Contract and Signature Index - Facilities		Browse...
MA Additional and Supplemental Benefits Table		Browse...
MA Signature Authority Grid		Browse...

[Back]   [Upload]

Go To: Online Application Start Page | Contract Management Start Page

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HSD Upload Instructions

- To upload, click on the Browse button next to the appropriate file. Select the zipped file to upload from your computer. You may upload one HSD file or many/all at the same time.

- After you have selected the appropriate file(s), click on the Upload button at the bottom of the screen.

- Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page."

- Please note that the file transfer process may take time to complete as the files may be quite large.

- The next screen shot will show you the type of feedback you may see upon uploading HSD file(s).

HSD Upload Instructions

Upload HSD Tables for Z1111

Important Note: Please refer to the supplemental MA application upload technical instructions for guidance in determining the HSD tables required by your application, preparing your HSD tables according to CMS instructions, and uploading your HSD tables to HPMS.

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- File names cannot contain commas.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- For the **MA Provider Table** and **MA Facility Table** uploads, only tab-delimited text files with a .txt will be accepted within the zipped file. **NOTE: For 2011, the review of the MA Provider Table (old HSD-2) and MA Facility Table (old HSD-3) are being automated so the uploaded files must meet the accepted format specified by CMS. The tab-delimited text files uploaded for the MA Provider Table and MA Facility Table must NOT have headers. If headers are included, the unload of the file will fail.**
- For the **Contract and Signature Index - Provider**, **Contract and Signature Index - Facilities**, **MA Additional and Supplemental Benefits Table**, and **MA Signature Authority Grid** uploads, only files with a .xls or .xlsx will be accepted within the zipped file.
- NON-NETWORK Organizations are NOT required to submit HSD files.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

You have just uploaded HSD Tables for Z1111:

Section	File Name	Upload Date
MA Provider Table	hsd_2_testfile.zip	12/10/2009 4:12:21 PM

To check the status of the unload of your MA Facility Table and/or MA Provider Table, please go to the HSD Status Report on the Online Application Start Page. You should have your results in the next 24 hours. Please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov if you have any questions.

HSD Tables: To access your latest HSD Table upload(s), please select the HSD Table name below.

☑ Please include my MA Provider Table and MA Facility Table in the pre-check runs of the automated criteria check (ACC)

MA Provider Table		Browse...
MA Facility Table		Browse...

Contract and Signature Index - Provider		Browse...
Contract and Signature Index - Facilities		Browse...
MA Additional and Supplemental Benefits Table		Browse...
MA Signature Authority Grid		Browse...

Back   Upload

Go To: Online Application Start Page | Contract Management Start Page

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HSD Upload Instructions

- Once the transfer process has completed, you will receive a message on the screen indicating that you just uploaded HSD tables. The message will list all the files you uploaded, the file names, and the upload date and time.

- You may view the files you uploaded by clicking on the name at the bottom of the screen.

- After upload, you will receive a message directing you to view the HSD Status Report. The message states "To check the status of the unload of your MA Facility Table and/or MA Provider Table, please go to the HSD Status Report on the Online Application Start Page. You should have your results in the next 24 hours. Please contact the HPMS Help Desk at either 1-800-220-2028 or hpms@cms.hhs.gov if you have any questions."

- As the note indicates, you may view the HSD Status Report on the Online Application Start Page (see next screen).

HSD Upload Instructions

The HSD Status Report

- The HSD Report will provide you feedback with any errors with your file submission. It will not provide feedback on the results of the automated check. That process will take some time and CMS will let you know when the results are ready to view.

- Click on the link titled HSD Status Report under the heading HSD, on the Application Start Page (no screen shot is currently available).

- Only the MA Provider file and the MA Facility file data are contained in this report, as these are the two HSD files which are automated.

The HSD Status Report

☐ The HSD Status Report will include the following (these may change slightly):

- Upload file Name

- Upload Status: Upload Ended, Upload Started, Upload Failed, Upload Successful

- If one or both files has a status of Upload Failed, click the NEXT button to retrieve the detail of what failed.

- The types of errors you may see listed include:

  ▶ Invalid Number of Columns

  ▶ Restricted Characters

  ▶ Invalid Numeric Data

  ▶ Invalid Provider/Specialty Code

  ▶ Invalid Facility Service Code

  ▶ Missing Data

  ▶ Invalid County Code

  ▶ County Does Not Match Service Area

  ▶ Others will likely be added

The HSD Status Report

- Here is a sample of how the error details will be provided in the report:
    - File 1 – Line 243: Column 3 (NPI number) must not be blank
    - File 1 – Line 243: Column 18 (Medical Group Affiliation) must be no more than 3 characters in length.
- Unless you have Final Submitted your application, you may fix the errors and re-upload the file(s).
- If a deadline for a Pre-Check has passed, you will not be included in that check.
- When you successfully upload a file for Pre-Check, you will be prevented from re-uploading another version of the MA Provider and MA Facility files until the Pre-Check process has completed. You will also be unable to make changes to your Service Area during this time due to the validation of Service Area and data on the HSD files.
- Once CMS notifies you that a Pre-Check process is complete, you may view the results of the automated check in the Exceptions Reports. This will be explained further in the presentation.

Exception Request Process – Step 1

□ You may request exceptions to the standards CMS has published in the HSD Criteria Reference Table (MA Reference File).

□ The Exception Request Tool is accessible from the Online Application Start Page. Click on the link called Exceptions Request under the heading HSD.

□ The tool will be used to request new exceptions and view pre-existing exceptions using the following criteria:

  ■ Provider/Facility Type

  ■ Exception Type

  ■ County

  ■ State

□ **Note:** If the page is accessible, yet edits are not permitted, it is because final submission has already occurred or the deadline date for submission has passed.

Exception Request Process – Step 2

- On the HSD Exception page, fill out all of the available fields (screen shot on next slide). The following fields (if applicable) will be available for data entry.

  - State

  - County

  - Provider or Facility Type

  - Exception Type
    - ▶ Alternative arrangements for Regional PPOs
    - ▶ Insufficient number of providers/beds in service area
    - ▶ No providers/facilities that meet the specific time and distance standards in service area
    - ▶ Patterns of care in the service area do not support need for the requested number of and/or provider/facility type
    - ▶ Services will be provided by an alternate provider type/Medicare-certified facility

- **Note:** Data for the State and County fields will be populated based on designated pending service areas that are indicated as Non-Employer Only for the contract.

Exception Request Process – Step 2

HPMS
TEST

HSD Exception Request

Contract Number: Z1111 Test Contract
Application Type: Initial

Step 1: Enter appropriate information below to create a new exception:

1. *Select State:

2. *Select County: Please select a state...

3. *Select Provider/Facility Type:

   ○ Provider Type:

   ○ Facility Type:

4. *Select Exception Type:

[Add Exception]

Total Exceptions Requested: 1   [Delete]

	State	County	Provider/Facility Type	Exception Type
☐	MO	Vernon (26990)	Internal Medicine	Service by Alternate Provider

|◄ ◄ 1 ► ►| Page size: 10   1 items in 1 pages

Step 2: Upload exception documentation.

To upload exception documentation, please go to Exception Upload page.

Exception Key:

Abridged Exception Type	Full Exception Type
Alt. Arrangement for RPPOs	Alternative Arrangements for Regional PPOs
Insufficient Provider/Beds	Insufficient number of providers/beds in service area
No Providers/Facilities	No providers/facilities that meet the specific time and distance standards in service area
Patterns Do Not Support	Patterns of care in the service area do not support need for the requested number of and/or provider/facility type
Service by Alternate Provider	Services will be provided by an alternate provider type/Medicare-certified facility

Go to: Online Application Start Page | **Go to:** Contract Management Start Page

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Exception Request Process – Step 3

□ After entering data click the **Add Exception** button.

□ Once a record has been recorded, you may continue to enter more exceptions as needed. To delete saved information, simply select the checkbox of the row record to be deleted and select the **Delete** button found above the table.

□ **Note:** This table will always display exceptions which you have requested. Therefore, if a county for which an exception was requested is later deleted from the Service Area, then you will still see this exception in the table. If this occurs, you may remove this item from the exception table to avoid any discrepancies on the report and screen history. Also, before final submission, please check to make sure all exception counties on the table are also a part of your pending service area and are included in your HSD files. Exceptions for counties which are not pending and not included in these files are not necessary.

Exception Request Process – Step 4

☐ Each exception requested requires exception documentation to be uploaded into HPMS.

☐ To upload exception documentation, select the **Exception Upload** link.

☐ **Note:** You must upload a zip file containing supporting documents for each exception requested. You will not be able to final submit if you have not uploaded any documents.

Exception Requests – Good Information to Know

- Exception Requests are only accepted for those providers/facilities where automation criteria exist, found on the HSD Criteria Reference Table.

- The following Provider codes, though entered on the MA Provider table, are not eligible for Exception Requests:
  - 001 – General Practice
  - 002 – Family Practice
  - 003 – Internal Medicine
  - 004 – Geriatrics
  - 005 – Primary Care – Physician Assistants
  - 006 – Primary Care – Nurse Practitioners

- The total of the above six codes, code S03 on the HSD Criteria Reference Table, is the level where exceptions may be requested.

- NOTE: You will enter data for the above on the MA Provider table, but if an exception is requested, you will use S03.

- You may not request exceptions for code 000 (3 zeros)

Exception Requests – Good Information to Know

☐ The following Facility codes, though entered on the MA Facility table, are not eligible for Exception Requests:

- 036 – Anesthesia
- 037 – Emergency Medicine
- 038 – Pathology
- 039 – Radiology
- 055 – Home Health
- 056 - DME
- 061 – Heart Transplant Programs
- 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

☐ The evaluation of these services do not lend themselves to the development of standard criteria at this time.

EXCEPTION DOCUMENTATION UPLOAD TOOL – STEP 1

☐ You may access the Exceptions Documentation Upload Tool via a separate link on the left navigation menu of the Online Application page, or via the link on the Exception Request Tool screen. The link is called "Exceptions Upload."

☐ The Exceptions Upload page will only be available for edit before you final submit the application.

☐ **Note:** If the page is accessible, yet edits are not permitted, it may be because final submission has already occurred, the deadline date for submission has passed, or no exceptions have yet been requested. You must request at least one exception before uploading documentation.

EXCEPTION DOCUMENTATION UPLOAD TOOL – STEP 2

☐ On the Exception Documentation Upload Tool, you will upload documentation in support of an exception request.

☐ The documentation should be as succinct as possible.

☐ The supporting document(s) should be PDF files and then zipped.

☐ You will not be able to final submit if you have not uploaded any documents.

☐ A screen shot of the Exception Documentation Upload screen is below:

EXCEPTION DOCUMENTATION UPLOAD TOOL – STEP 3

☐ After selecting a document from the browse feature, click the **Upload** button at the bottom of the screen.

☐ This will upload the exception documentation and make it accessible via a link beneath the **Attachment** field.

☐ Please note that although you may upload as many times as you need to before final submission, only the last uploaded version will be considered at the final submission deadlines. This is true for all uploads in the HPMS application process.

HSD REPORT INFORMATION

☐ The Exception Reports section includes various reports you may use during the HSD process. All of these reports are found when you click on the HSD Submission Reports on the Online Application start page.

- Bad Address Report
- Automated Criteria Check Report
- Exceptions Report

BAD ADDRESS REPORT – STEP 1

☐ The Bad Address Report will be available after the HSD data has been processed. CMS will notify you when this report is available.

☐ This report may be accessed from the Exceptions Report link on the Online Application screen.

☐ This report includes all addresses not run through the HSD Automated Criteria Check (ACC) for the any of the following reasons:

- Invalid Address – these include
    - ▶ Valid Zip Code but invalid street addresses
    - ▶ Invalid or missing zip code
- Duplicate Identifiers – combination of:
    - ▶ NPI
    - ▶ State/County Code
    - ▶ Specialty Code
    - ▶ Address

BAD ADDRESS REPORT – STEP 2

☐ On the Bad Address Report, the contract number and name will be viewable on the header. Also, the following columns exist:

- State/County Code provided
- County Name
- State Name
- County Designation (rural, metro, etc.)
- Specialty Code
- Specialty Type/Facility Type
- Provider/Facility Type
- Street Address
- City
- State
- Zip Code
- County
- Error Type

AUTOMATED CRITERIA CHECK REPORT – STEP 1

☐ The Automated Criteria Check (ACC) Report will be accessed from the HSD Submission Reports link on the Online Application screen.

☐ This report is generated after the ACC process is complete.

☐ CMS will notify you when this report is available.

☐ The automated report details the results of the following:

- Minimum Number of Provider Type/County

- Time and Distance standards result.

- NOTE – the Time standard will only be applied to Large Metro counties.

AUTOMATED CRITERIA CHECK REPORT – STEP 2

☐ The Automated Criteria Check (ACC) Report will be accessed from the HSD Exceptions Reports screen.

☐ Various filters exist to use when viewing the ACC report. Required fields are marked with an asterisk (*):

- Report* (Provider, Facility, Acute Inpatient Hospital)
- Report Type* (Summary, Detail)
- Status (Pass, Fail, N/A, Manual Review)
- Specialty Type
- State*
- County

AUTOMATED CRITERIA CHECK REPORT
Pre-Check Version – STEP 2

☐ If you opted for the pre-check, you will see the below ACC Filter screen. Please note that updates to the report only occur after each scheduled pre-check process.

HPMS

Home

Automated Criteria Check Report - Pre-Submission

This report was last generated 10/02/09 12:01:11 AM

Contract #: Z1111 Test Contract
Application Type: Initial

*__Report:__ Provider ▾   *__Report Type:__ Summary ▾   __Status:__ Fail ▾

__Specialty Type:__ 008 - Cardiology ▾   *__State:__ MI ▾   __County:__ Delta ▾

[Reset]   [Run Report]

Go to: Online Application Start Page | Go to: Contract Management Start Page

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AUTOMATED CRITERIA CHECK REPORT
Pre-Check Version – STEP 2

☐ When you click Run Report, the report appears as below:

AUTOMATED CRITERIA CHECK REPORT
Final Submit Version – STEP 3

☐ The final submission ACC Filter screen is shown below. CMS will notify you when this report is available to view.

AUTOMATED CRITERIA CHECK REPORT
Final Submit Version– STEP 3

☐ When you click Run Report, the report appears as below:

HPMS   Home

Automated Criteria Check Report - Final Submission

Contract #:   Z1111 Test Contract
Application Type: Initial

| Back | Print Report | Download |

Criteria Selected – **Report Type:** Detail   **Report:** Provider   **Status:** Pass   **Specialty Type:** 008 - Cardiology   **State:** MI   **County:** Delta

County State	State County Code	County Designation	Provider		Exceptions		# of Providers			Time		Distance		Status
			Code	Type	Requested	Disposition	Required	Actual	Met	Actual	Met	Actual	Met	
Delta, MI	35263	Metro	008	Cardiology	No	N/A	22	22	Yes	92	Yes	91	Yes	Pass

Go to: Report Filter Page | **Go to:** HSD Submission Reports Page

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AUTOMATED CRITERIA CHECK REPORT – STEP 4

☐ For both versions of this report, the first screen displays various search criteria to narrow down the report results. You may run a detailed version of the report—containing all results generated by the ACC for all specialty types in a selected state, as captured in the second screen.

☐ You may also run a summary version of the provider and facility reports, which will display only the status of each specialty type for each county within the application.

☐ The date and time that the last ACC check was run will be displayed on the top right of the screen and on the downloadable version.

EXCEPTIONS REPORT – STEP 1

- ☐ The Exceptions Report will be accessed from the HSD Submission Reports page.

- ☐ This report is generated after the ACC process is completed **only** if exceptions are requested.

- ☐ This report details the results of the Exceptions you have requested. This is the report you view to find out if an exception has been approved or denied.

- ☐ CMS will notify you when this report is available.

EXCEPTIONS REPORT – STEP 2

- ☐ The Exceptions Report will be accessed from the Exceptions Reports link on the Online Application screen.

- ☐ To generate the Exceptions Report, fill out the available fields. Required fields are marked with an asterisk (*).

  - Report* (Provider, Facility)
  - Exception Type
    - ▶ Insufficient Number of Providers
    - ▶ No Provider meets time/distance
    - ▶ Patterns of Care
    - ▶ Alternate provider/facility
    - ▶ Alternate arrangement for RPPO
  - Disposition (Approved, Denied, Pending, No Review Needed)
  - Specialty Type
  - State*
  - County

EXCEPTIONS REPORT – SEARCH FILTER PAGE - STEP 2

EXCEPTIONS REPORT – RESULTS PAGE- STEP 2

HPMS

Home

Exceptions Report

Contract #: Z1111 Test Contract
Application Type: Initial

[Back] [Print Report] [Download]

Criteria Selected - **Report:** Provider **Exception Type:** 3 - Patterns of care **Disposition:** Approved **Specialty Type:** 008 - Cardiology **State:** MI **County:** Delta

County State	State County Code	County Designation	Provider		Exception			# of Providers		Time Coverage	Distance Coverage
			Code	Type	Type	Document	Disposition	Required	Actual		
Delta, MI	35263	Metro	008	Cardiology	1	Yes	Approved	22	21	93	94

Go to: Report Filter Page | **Go to:** Review Tool

EXCEPTIONS REPORT – STEP 3

☐ Across the top of the HSD Exceptions Report page, the contract name and application type is displayed in read-only format. Below this information, the first screen displays various search criteria to narrow down the report results.

☐ You may run a detailed version of the report, containing all results generated by the ACC for all specialty types in a selected state, as captured in the second screen.

☐ You may also run a summary version of the provider and facility reports, which displays only the status of each specialty type for each county within the application.

☐ **Note:** If you see any discrepancies between the list of exceptions displayed on this report and the list of exceptions displayed on the Exception Request page, it could be caused by a change in the Service Area between the time you made the request and the time you uploaded the HSD files.

Questions

If you have questions, please submit them to:

MA_Applications@cms.hhs.gov