DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

CENTER FOR DRUG AND HEALTH PLAN CHOICE

DATE: January 27, 2010

TO: All Current and Prospective Medicare Advantage Organizations

FROM: Danielle R. Moon, J.D., M.P.A., Director
                 Medicare Drug & Health Plan Contract Administration Group

                 Cynthia G. Tudor, Ph.D., Director
                 Medicare Drug Benefit and C & D Data Group

SUBJECT: Submission of Contract Year (CY) 2011 Health Services Delivery (HSD) Tables -
                 Frequently Asked Questions

CMS has developed a series of frequently asked questions (FAQ) in response to inquiries
received as a result of the first round of HSD pre-submission processing. These FAQs, which
are located in **Appendix A**, provide additional technical guidance on the following topics:

- Requirements for participating in the HSD pre-checks
- Understanding the HSD submission statuses
- Reviewing the HSD Status Report and ACC Report
- Informational messages versus errors
- MA Provider and MA Facility table formats and edit checks
- Bad addresses

In addition, CMS has adjusted a validation rule that hindered some applicants' ability to upload
successfully in order to participate in the first HSD pre-check. For all subsequent HSD pre-
checks and final submission, organizations will <u>not</u> be required to list at least one of every
provider and facility type for each pending non-employer only county in your application.
Please see questions #15 and #16 for further guidance on this validation rule.

CMS has also scheduled an additional HSD pre-check to provide applicants with another
opportunity to receive preliminary review results. The deadline for participation in the newly
added pre-check is **February 1, 2010 at 11:59 p.m. EST**.

Please contact Greg Buglio at either <u>gregory.buglio@cms.hhs.gov</u> or 410-786-6562 for technical
questions regarding the CY 2011 HSD submission.

Appendix A - CY 2011 HSD Frequently Asked Questions

1. Will there be additional opportunities to participate in the HSD pre-check process?

   Response: CMS will be providing two additional HSD pre-checks. The next pre-check submission deadline is February 1, 2010 at 11:59 p.m. EST. The final pre-check submission deadline is February 9, 2010 at 11:59 p.m. EST.

2. How can I participate in the February 1, 2010 HSD pre-check?

   Response: To participate in the next HSD pre-check, an applicant must:

   a. Successfully submit both the MA Provider Table and MA Facility Table into HPMS by the pre-check deadline of 11:59 p.m. EST on February 1, 2010.
   b. Ensure that you have selected the pre-check box on the HSD Upload Page.

3. How can I participate in the February 9, 2010 HSD pre-check?

   Response: To participate in the final HSD pre-check, an applicant must:

   a. Successfully submit both the MA Provider Table and MA Facility Table into HPMS by the pre-check deadline of 11:59 p.m. EST on February 9, 2010.
   b. Ensure that you have selected the pre-check box on the HSD Upload Page.

4. I already participated in the first HSD pre-check. Can I participate in the other two pre-checks?

   Response: Yes, you may participate in the other HSD pre-checks. Please note that you must successfully submit new versions of the MA Provider and/or MA Facility Tables prior to each pre-check deadline. If you do not submit at least one new table, your data will not be processed during the pre-check.

5. Do I need to select the pre-check box again on the HSD Upload Page in order to participate in the next pre-check?

   Response: No. Once the pre-check box is selected, you will automatically be included in the next pre-check process as long as you have submitted a new MA Provider Table and/or MA Facility Table.

6. HPMS is showing a message that both of my tables have been "successfully uploaded" to the system. Does this mean that my submission will automatically be processed during the next pre-check?

Response: Not necessarily. Successfully uploading your tables is the first step. However, in order to participate in the HSD pre-check process, your submission must also pass the "unload" validation edits. The HSD validation process may take some time to complete, depending upon the size of your data tables and the number of other organizations submitting data at the same time. Consequently, CMS strongly urges applicants to submit your tables as soon as possible so that there is sufficient time to complete the unload validation process, retrieve your results, and resubmit your tables if you encounter fatal unload errors.

7. How can I verify if my submission passed the "unload" validation edits successfully?

   Response: You must look at the HSD Status Report on the Online Application Start Page. Applicants must use the following navigation path to access this report:

   Contract Management > Basic Contract Management > Select Contract Number > Submit Application Data > HSD Status Report

8. When I access the HSD Status Report, the report presents the following message: "Currently, there is no HSD Status Report for this contract." What does this mean?

   Response: This message means that your HSD submission is still in the "unload" validation process. If you encounter this message, CMS strongly recommends that you check the report at a later time. Once your submission completes the "unload" validation process, you will see links for each of the files (MA Provider File and MA Facility File).

9. The HSD Status Report indicates that my MA Provider and MA Facility submissions have been "Unloaded Successfully." What does that mean?

   Response: Achieving the "Unloaded Successfully" status indicates that your submission has passed all of the unload validation edits. If both the MA Provider and MA Facility Tables unload successfully, and you have marked the pre-check box on the HSD Upload page, your submission will be processed in the HSD pre-check.

10. The HSD Status Report indicates that one or both of the HSD tables has an "Unload Failed" status. What does that mean?

    Response: An "unsuccessful unload" means that validation errors are present on your file(s) and that until the errors are corrected, your submission will not be included in the next HSD pre-check. You must review your error report, make the necessary corrections to your file(s), resubmit the file(s) to HPMS, and pass the "unload" process. If you complete all of these steps prior to 11:59 p.m. EST on the pre-check due date, your submission will be processed in the pre-check.

11. In the HSD Status Report, some messages are marked as informational. What does that mean?

Response: Messages marked as "informational" are intended to highlight certain data scenarios. You should review all informational messages to determine if the data being highlighted is correct or if it requires a change. For example, you will receive an informational message if your file does not have a row assigned to a county for a required specialty. If you do have a provider of that specialty serving that county, you should update your file to add the row. If you do not have a provider of that specialty serving the county, and you intend to submit an exception request, then no updates are required to your file. It is important to note that informational messages do **not** prevent a file from passing "unload" validation and moving on to the pre-check.

12. One of the informational messages states that I entered provider codes of "000". I thought this was allowed.

Response: You may enter three zeros for provider types of "other." This message is simply a courtesy which provides you with a quick view of where you entered the three zeros. Please note that you may **not** enter "000" on the MA Facility Table. Entry of "000" on the MA Facility Table is considered an error and will prevent your submission from moving on to the pre-check.

13. Some of the error messages indicate that I am missing data from fields on the table, but when I look at my upload file, those fields are populated. Why am I getting this message?

Response: If your submission contains any formatting errors, you should correct those formatting errors and then resubmit your file(s) to HPMS. Formatting errors will skew the unload validation of the files and may result in errors reading the files.

14. Do I need to include every pending non-employer county on the MA Provider and MA Facility tables?

Response: Yes.

15. Are we required to list at least one of every provider and facility type for each of our pending non-employer only counties?

Response: For the first pre-check, HPMS did require at least one of every provider and facility type for each pending non-employer only county. However, for all subsequent pre-checks and final submission, you will **not** be required to list at least one of every provider and facility type for each pending non-employer county. Please note that the HSD Status Report will continue to list every county where a provider or facility code has not been provided. These messages are now informational and will **not** prevent your files from being included in the pre-check.

16. What must be included on each of the tables to participate in the pre-check process?

    Response: The requirements are as follows:

    a. On the MA Provider Table, you must include at least one type of Primary Care Physician (provider codes 001-006) for every pending non-employer county in your application.
    b. On the MA Facility Table, you must include at least one Acute Inpatient Hospital (facility code 040) for every pending non-employer county in your application.
    c. You must complete **all** required fields on both of the tables.
    d. You must adhere to the edit rules for both of the tables.
    e. Please read the HSD Instructions, which are provided in the MA template download file, to determine which fields are required and which are optional.

17. What format must we use to submit the MA Provider and MA Facility Tables?

    Response: You should use the following steps to ensure you are using the correct format:

    a. Download the templates for the MA Provider and MA Facility Tables in the MA download section on the Online Application Start Page.
    b. Prepare your files in Excel.
    c. When you have completed the files, you must remove the header.
    d. Save the files as tab-delimited text files (.txt).
    e. Zip the .txt files.
    f. Upload each file on the HSD Upload page.

    Please note that these instructions are also available on the HSD Upload Page.

18. Can you explain the meaning of the "actual time" and "actual distance" fields on the ACC Report?

    Response: The "actual time" and "actual distance" values reflect the percentage of beneficiaries with access to at least one provider/facility within the required time or distance standards.

19. How is an address identified as a "duplicate" on the Bad Address Report?

    Response:

    Providers are considered duplicates when they have the:

    a. Same state/county code
    b. Same provider code

    c.   Same NPI number
    d.   Same address or different address (i.e., a different address is still considered a duplicate for the provider).

Facilities are considered duplicates when they have the:

    a.   Same state/county code
    b.   Same facility code
    c.   Same NPI number
    d.   Same address

Please note that a different address for a **facility**, even with the same state/county code, facility code, and NPI number, is **<u>not</u>** considered a "duplicate."

20. If a provider or facility appears on the Bad Address Report, are they still used in the automated calculations for the minimum number of providers, time, and distance?

    <u>Response</u>: No.

21. How can I avoid having addresses listed on the Bad Address Report?

    <u>Response</u>: Please refer to **Appendix B** for guidance on developing valid addresses for the purposes of the HSD automated review.

22. Can you explain the methodology CMS employs in determining the time and distance results for providers and facilities?

    <u>Response</u>: CMS will provide additional information on the methodology for determining time and distance results in a separate communication.

23. What are all of the edit checks applied to the MA Provider Table and MA Facility Table?

    <u>Response</u>: Please refer to **Appendix C** for a listing of the field edits on the MA Provider Table and the MA Facility Table.

24. Can I list providers or facilities that are part of my network as serving a county other than where their office is located?

    <u>Response</u>: Yes. You should associate providers or facilities with a given county on your table(s) based on whether they serve beneficiaries residing within the county, not whether they are physically located in the county itself.

25. If only one of the files is successfully submitted and unloaded, will that file go through the pre-check process?

Response: In order for a submission to go through the HSD pre-check, both the MA Provider and MA Facility Tables must be uploaded and unloaded successfully prior to the 11:59 p.m. EST deadline.

26. What do the various messages in the HSD Status Report mean and which of these messages will prevent my submission from being processed in the HSD pre-check?

Response: The following lists the various messages displayed on the HSD Status Report:

a. File Processing Error – These are errors in the format of the submitted file. These errors may prevent the system from reading the file correctly. Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

b. Record Invalid – A record contains a restricted character. Restricted characters are the greater than symbol (>), the less than symbol (<), and the semi-colon (;). Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

c. SSA State/County Not in Pending Service Area – A state/county code included in the file is not part of your contract's pending non-employer only service area. Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

d. Invalid/Missing Provider/Specialty Code – You have either entered an invalid specialty code or you have not entered a Primary Care Physician (provider codes 001-006) for every pending non-employer only county in your service area. Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

e. Invalid/Missing Facility Code – You have either entered an invalid specialty code or you have not entered an Acute Inpatient Hospital (facility code 040) for every pending non-employer only county in your service area. Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

f. Invalid Data Type – There is a processing error in the record due to an incorrect data type (e.g., an alpha character in a numeric-only field). Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

g. Invalid Length – There is a processing error in the record due to an invalid length in a field. Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

h. Invalid Data - There is a processing error in the record due to invalid data. Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

i.   Required Field Missing – A required field(s) is missing from the record. Your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

j.   Provider/Specialty Code 000 Found – For the Provider Table version of this report, this is an informational message only. It is not an error. You will still be included in the pre-check. However, for the Facility Table version of this report, you are not permitted to list "000". If this message appears on the Facility Table version of the report, your HSD submission will not be included in the pre-check until you correct the errors and successfully resubmit the HSD file(s).

k.   Informational Messages – These messages provide you with information about your submission. If there are missing provider codes or facility codes for a county or counties, they will be listed here. You will still be included in the pre-check.

Appendix B - Guidance on Developing Valid Addresses

The following examples illustrate the most common issues encountered with entering valid addresses in the HSD tables:

1. Do not put the business name in the Address field.

    Example:

Address	City	State	Zip	Change
Dupage Obstetrics and Gynecology	Chicago	IL	60666	Remove "Dupage Obstetrics and Gynecology" and enter the street number and street name of the business in the Address field.

2. Do not list an intersection in the Address field.

    Example:

Address	City	State	Zip	Change
E 65th St at Lake Michigan	Chicago	IL	60649	Remove "at Lake Michigan" from the Address field.

3. Do not include a house, apartment, building, or suite number in the Address field.

    Example:

Address	City	State	Zip	Change
306 US Route One, BLDG C-1	Scarborough	ME	04074	Remove "BLDG C-1" from the Address field.
5900 B LK Wright Dr	Norfolk	VA	23502	Remove "B" from the Address field.

4. Enter the complete street number and street name in the Address field.

    Example:

Address	City	State	Zip	Change
21 Cir Dr	Barrington	IL	60010	Revise the Address field as follows: 21 Circle Dr.
LK WRIGHT DR	Norfolk	VA	23502	Revise the Address field to include the street number.

5. Do not include extra words in the Address field.

    Example:

Address	City	State	Zip	Change
450 W Hwy 22 Medical	Barrington	IL	60010	Remove "Medical" from the Address field.
449 FOREST AVE PLZ	Portland	ME	04101	Remove "PLZ" from the Address field.

6. Enter a valid street name in the Address field.

    Example:

Address	City	State	Zip	Change
5900 LK Right DR	Norfolk	VA	23502	Revise the address field as follows: 5900 LK WRIGHT DR

7. Enter the correct street number and street name and zip code combination.

   Example:

Address	City	State	Zip	Change
5900 LK WRIGHT DR	Norfolk	VA	21043	Revise the Zip Code field as follows: 23502

8. Enter the correct street number in the Address field.

   Example:

Address	City	State	Zip	Change
12 LK WRIGHT DR	Norfolk	VA	23502	Update 12 with the correct street number.

9. You can also test whether an address is valid by entering the address into the "Find a Zip Code" Lookup tool on the USPS website at http://www.usps.com/.

Appendix C – Field Edits for the MA Provider Table and MA Facility Table

The following charts provide the system edits for the MA Provider Table and the MA Facility Table. A field marked as "not required" means the system will not reject the file if the field is blank. However, it is not intended to imply that the field should be blank. Please refer to the HSD Instructions, which are provided in the MA template download file, to determine whether particular fields are required or optional.

MA Provider Table		
Field	**Description**	**Rule**
SSA State/County Code	VARCHAR2(5)	Required (not null) and validated against valid values (SSA County Code). Must be pending non-employer county attached to contract.
Name of Physician or Mid-Level Practitioner	VARCHAR2(150)	Required (not null)
National Provider Identifier (NPI) Number	VARCHAR2(10)	Required (not null) and validated that it is 10 digit numeric
Specialty	VARCHAR2(150)	Required (not null)
Provider Specialty Code	VARCHAR2(3)	Required (not null) and validated against valid values
Contract Type	VARCHAR2(150)	Required (not null)
Provider Street Address	VARCHAR2(250)	Required (not null)
Provider City	VARCHAR2(150)	Required (not null)
Provider State Code	VARCHAR2(2)	Required (not null). Validate the state code against the valid list of state abbreviations
Provider Zip Code	VARCHAR2(10)	Required (not null)
Provider Previously Listed	VARCHAR2(1)	Not Required
Contracted Hospital Where Privileged	VARCHAR2(250)	Not Required
Contracted Hospital NPI Number	VARCHAR2(10)	Required if Contract Hospital Where Privileged is provided; otherwise Not Required. If NOT NULL, validate that it is 10 digit numeric
If PCP, Accepts New Patients	VARCHAR2(1)	Required only for provider types 001-006; otherwise not required.
If PCP, Accepts Only Established Patients	VARCHAR2(1)	Not Required
Does MCO Delegate Credentialing	VARCHAR2(1)	Not Required
If Credentialing is Delegated, List Entity	VARCHAR2(250)	Not Required
Medical Group Affiliation	VARCHAR2(150)	Not Required
Employment Status	VARCHAR2(150)	Not Required

MA Facility Table		
Field	**Description**	**Rule**
SSA State/County Code	VARCHAR2(5)	Required (not null) and validated against valid values (SSA County Code). Must be pending non-employer county attached to contract.
Facility or Service Type	VARCHAR2(150)	Required (not null)
Facility Specialty Code	VARCHAR2(3)	Required (not null) and validated against valid values
Medicare Certification Number (MCN)	VARCHAR2(20)	Not Required
National Provider Identifier (NPI) Number	VARCHAR2(10)	Required (not null) and validated that is 10 digit numeric
# of Staffed, Medicare-Certified Beds	VARCHAR2(10)	Verify that entry is numeric since used in a calculation. Required but only for the following facility types: Acute Inpatient Hospital (040), Critical Care Services - ICU (043), Skilled Nursing Facilities (046), Inpatient Psychiatric Facility (052), Inpatient Substance Abuse (053)
Facility Name	VARCHAR2(150)	Required (not null)
Provider Street Address	VARCHAR2(250)	Required (not null)
Provider City	VARCHAR(150)	Required (not null)
Provider State Code	VARCHAR2(2)	Required (not null). Validate the state code against the valid list of state abbreviations.
Provider Zip Code	VARCHAR2(10)	Required (not null)