SSA State/County	Specialty Type	Specialty Code	Medicare Pro	vider Breakdown	Total # of Providers	Total # PCPs Accepting New Patients	# of PCPs Excepting Established Patients
Code		Joan	Direct w/Mao	Downstream Arrangement			Only
	General Practice						
	Family Practice						
	Internal Medicine						
	Geriatrician						
	Primary Care Physicians Total		(sum of above 4 lines)	(sum of above 4 lines)			
	Primary Care - Physician Assistants						
	Primary Care - Nurse Practitioners						
	Mid -Level Primary Care Practitioners Total		(sum of above 2 lines)	(sum of above 2 lines)			
	Primary Care Providers Total (sum of Primary Care Physicians Total and Mid-Level Primary Care Practitioners Total)						
	Allergy & Immunology					N/A	N/A
	Cardiac Surgery					N/A	N/A
	Cardiology					N/A	N/A
	Chiropractic					N/A	N/A
	Dermatology					N/A	N/A
	Endocrinology					N/A	N/A
	ENT/Otolaryngology					N/A	N/A
	Gastroenterology					N/A	N/A
	General Surgery					N/A	N/A
	Gynecology, OB/GYN					N/A	N/A
	Infectious Diseases					N/A	N/A
	Nephrology					N/A	N/A
	Neurology					N/A	N/A
	Neurosurgery					N/A	N/A
	Oncology - Medical, Surgical					N/A	N/A
	Oncology - Radiation / Radiation Oncology					N/A	N/A
	Ophthalmology					N/A	N/A
	Oral Surgery					N/A	N/A
	Orthopedic Surgery					N/A	N/A
	Physiatry, Rehabilitative Medicine					N/A	N/A
	Plastic Surgery					N/A	N/A
	Podiatry					N/A	N/A
	Psychiatry					N/A	N/A
	Pulmonology					N/A	N/A
	Rheumatology					N/A	N/A
	Thoracic Surgery					N/A	N/A
	Urology					N/A	N/A
	Vascular Surgery					N/A	N/A

SSA State/County Code	Name of Physician or Mid-Level Practitioner	National Provider Identifier (NPI) Number	Specialty	Specialty Code	Contract Type	Street Address	Provider S	Service Addre	ss Zip Code	County	A Provider Previously Listed?	Contracted Hospital Where Privelaged	Hospital NPI Number	If PCP, Q Accepts New Z Patients?	If PCP, Accepts Only Established Patients?	A Does MCO Q Delegate Z Credentialing?	If Credentialing is Delegated, List Entity	Medical Group Affiliation	Employment Status
						Street Address	City	State	Zip Code	County	YOFN	_		YOFN	YOFN	YOFN		MGA OF DC	-
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HSD-2A - CONTRACTS & SIGNATURE PAGES IND (County) SERVICE AREA EXPANSION

PCP / Specialist/ Medical		Contr	act Templates	REA EXPANSION
Group	Template A	Template	Template C	Template D

EX	
	Existing Network

SSA State/County Code	Facility or Service Type	Specialty Code	Total # of Providers/Services	# of Staffed, Medicare-Certified Beds
	Acute Inpatient Hospitals			
	Cardiac Surgery Program			N/A
	Cardiac Catheterization Services			N/A
	Critical Care Services - Intensive Care Units (ICU)			
	Outpatient Dialysis			N/A
	Surgical Services (Outpatient or ASC)			N/A
	Skilled Nursing Facilities			
	Diagnostic Radiology			N/A
	Mammography			N/A
	Physical Therapy			N/A
	Occupational Therapy			N/A
	Speech Therapy			N/A
	Inpatient Psychiatric Facility Services			
	Inpatient Substance Abuse			
	Orthotics and Prosthetics			N/A
	Home Health			N/A
	Durable Medical Equipment			N/A
	Outpatient Infusion/Chemotherapy			N/A
	Laboratory Services			N/A
	Outpatient Mental Health			N/A
	Outpatient Substance Abuse			N/A
	Transplant Programs			N/A
	Heart Transplant Program			N/A
	Heart/Lung Transplant Program			N/A
	Intestinal Transplant Program			N/A
	Kidney Transplant Program			N/A
	Liver Transplant Program			N/A
	Lung Transplant Program			N/A
	Pancreas Transplant Program			N/A

SSA State/County Code	Facility or Service Type	Specialty Code	Medicare Certification Number (MCN)	National Provider Identifier (NPI) Number	# of Staffed, Medicare-Certified Beds	Provider Name	Provider Service Address		s		
							Street Address	City	State	Zip Code	County

HSD-3A - CONTRACTS & SIGNATURE PAGES INDEX, ANCILLARY / HOSPITAL Date Prepared:								
Date Prepared: Ancillary / Hospital	Tab Name	Existing Network						
, ,		3 11 3						

			Н	SD4_Arran	gements for	Additional	and Suppler	nental Bene	fits		
Date Prepa	red:										
Applies to p		Loca	ation			ıre	ig ses	20, 20	cy iio nt)	1 00 00	חמ
Name of Provider	Street Address	City	State	Zip Code	County Served By Provider	Dental Care	Providing Eye Glasses & Contacts	Providing Hearing Aids	Pharmacy Prescriptio n Drugs (outpatient)	Screening - Hearing	Screening - Vision
											

HSD-5 - SIGNATURE AUTHORITY GRID

PRACTICE NAME	SIGNATURE AUTHORITY	PHYSICIANS