**Instructions to Health Plans**

* [*Distribution Note: Enrollment – Plans must provide a Provider and Pharmacy Directory or information about how to access or receive a Directory to each member upon enrollment. Plans must ensure that an online Directory contains all the information required in a print Directory. Refer to the State-specific Marketing Guidance for detailed instructions.*]
* [*Plans are required to make Directory content on their websites machine readable. As described in the 2017 Final Call Letter, machine readable is defined as a format in a standard computer language (not English text) that can be read automatically by a web browser or computer system.*]

[*Plans should reference the stand alone Member Handbook and Provider Manual developed specifically for Nursing Facilities, which were incorporated into managed care in Texas effective March 1, 2015.*]

* [*Plans may provide subdirectories (e.g., by specialty, by county) to enrollees if the subdirectory clearly states that the complete Directory of all of its providers and pharmacies is available and will be provided to enrollees upon request. Subdirectories must be consistent with all of the Provider and Pharmacy Directory Requirements in the State-specific Marketing Guidance. Plans may publish separate primary care and specialty directories if both directories are made available to enrollees at the time of enrollment*.]
* [Plans may add a cover page to the Directory. Plans may include the Material ID only on the cover page.]
* [*If plans do not use the term “Member Services,” plans should replace it with the term the plan uses.*]
* [*Plans should note that the EOC is referred to as the “Member Handbook.” If plans do not use the term “Member Handbook,” plans should replace it with the term the plan uses.*]
* [*Plans that assign members to medical groups must include language as indicated in plan instructions throughout the Directory. If plans use a different term, they should replace “medical group” with the term they use.*]
* [*Plans should indicate that the Directory includes providers of both Medicare and Texas Medicaid services.*]
* [*Plans may place a QR code on materials to provide an option for members to go online.*]
* [*Plans are encouraged to include an Index for Providers and for Pharmacies*.]
* [*In accordance with additional plan instructions in the model, plans have the option of moving general pharmacy information to appear after general provider information ends and before provider listing requirements begin.*]
* [*Wherever possible, plans are encouraged to adopt good formatting practices that make information easier for English-speaking and non-English-speaking enrollees to read and understand. The following are based on input from beneficiary interviews:*
* *Format a section, chart, table, or block of text to fit onto a single page. In instances where plan-customized information causes an item or text to continue* on *the following page, enter a blank return before right aligning with clear indication that the item continues (for example, similar to the Benefits Chart in Chapter 4 of the Member Handbook, insert:* **Esta sección continúa en la página siguiente***).*
* *Ensure plan-customized text is in plain language and complies with reading level requirements established in the three-way contract.*
* *Break up large blocks of plan-customized text into short paragraphs or bulleted lists and give a couple of plan-specific examples as applicable.*
* *Spell out an acronym or abbreviation before its first use in a document or on a page (for example, Long-term services and supports (LTSS) or low income subsidy (LIS)).*
* *Include the meaning of any plan-specific acronym, abbreviation, or key term with its first use.*
* *Avoid separating a heading or subheading from the text that follows when paginating the model.*
* *Use universal symbols or commonly understood pictorials.*
* *Draft and format plan-customized text and terminology in translated models to be culturally and linguistically appropriate for non-English speakers.*
* *Consider using regionally appropriate terms or common dialects in translated models.*
* *Include instructions and navigational aids in translated models in the translated language rather than in English.*
* *Consider producing translated models in large print.*]

**<Plan name> | *Directorio de proveedores y farmacias* de<year>**

Introducción

Este *Directorio de proveedores y farmacias* incluye información sobre los tipos de proveedores y farmacias en <plan name> y listados de todos los proveedores y farmacias del plan a partir de la fecha de este Directorio. Los listados contienen las direcciones e información de contacto de proveedores y farmacias, así como detalles como los días y horas de operación, especialidades y habilidades. Los términos clave y sus definiciones se encuentran en orden alfabético en el último capítulo del *Manual del miembro*.

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

Tabla de contenidos

[A. Declaraciones requeridas 5](#_Toc139025033)

[B. Proveedores 6](#_Toc139025034)

[B1. Términos clave 6](#_Toc139025035)

[B2. Tiempos de espera para atención primaria de la salud y servicios de salud del comportamiento 8](#_Toc139025036)

[B3. Proveedor de cuidado primario (PCP) [*if appropriate, include:* o un Equipo integral de cuidado primario] 8](#_Toc139025037)

[B4. Servicios y respaldos a largo plazo (LTSS) 9](#_Toc139025038)

[B5. Cómo identificar a los proveedores de la red de <plan name> 9](#_Toc139025039)

[B6. Cómo encontrar proveedores de <plan name> en su área 10](#_Toc139025040)

[B7. Lista de proveedores de la red 11](#_Toc139025041)

[C. Proveedores de la red de <plan name> 12](#_Toc139025042)

[C1. [*Include Provider Type (e.g.,* Médicos de cuidado primario; especialistas: cardiólogos; proveedores de respaldo: servicios dentales*)*] 14](#_Toc139025043)

[C2. [*Include Facility Type (e.g.,* Hospitales, Centros de enfermería, Proveedores de respaldo: Alimentos entregados en el hogar*)*] 17](#_Toc139025044)

[D. Lista de farmacias de la red 18](#_Toc139025045)

[D1. Cómo identificar a las farmacias de la red de <plan name> 19](#_Toc139025046)

[D2. Suministro de recetas a largo plazo 20](#_Toc139025047)

[E. Farmacias de la red de <plan name> 21](#_Toc139025048)

[E1. Farmacias minoristas y de cadena 22](#_Toc139025049)

[E2. [*Include if applicable:* Farmacia(s) de pedidos por correo] 23](#_Toc139025050)

[E3. Farmacias de infusiones en el hogar 24](#_Toc139025051)

[E4. Farmacias de cuidado a largo plazo 25](#_Toc139025052)

[E5. Las farmacias que sirven al Programa de salud para nativos americanos tribales o urbanos (I/T/U) [*Note: This section applies only if there are I/T/U pharmacies in the service area.*] 26](#_Toc139025053)

[E6. Farmacias de la red fuera de <geographic area> [*Note: This category is optional for plans to include.*] 27](#_Toc139025054)

[F. [*Optional:* Índice de proveedores y farmacias] 29](#_Toc139025055)

[F1. Proveedores 29](#_Toc139025056)

[F2. Farmacias 29](#_Toc139025057)

# Declaraciones requeridas

* [Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.]
* Este Directorio incluye los profesionales de cuidado de salud (como médicos, enfermeras de práctica avanzada y psicólogos) o los centros (como hospitales o clínicas) y los proveedores de respaldo (como las guarderías de día para adultos y proveedores de salud en el hogar) que usted puede acudir como miembro de <plan name>. También contiene las farmacias que usted puede usar para recibir sus medicamentos de receta.
* En este Directorio nos referiremos a estos grupos como “proveedores de la red”. Estos proveedores firmaron un contrato con nosotros para proporcionarle servicios a usted. Esta es una lista de proveedores de la red de <plan name> para [*insert description of the plan’s service area, including a list of counties and cities/towns*].
* Contamos con servicios de interpretación gratuitos para responder cualquier consulta que tenga en relación con su plan de salud o medicamentos. Para acceder a un intérprete solo debe llamarnos al [insert phone number]. Una persona que hable [insert language] lo ayudará. Este servicio es gratuito. [This information must be included in the following languages: Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, Japanese, and any additional languages required by the state.]
* [*Plans* that meet the *5% alternative language* or *Medicaid required language threshold insert:* Este documento está disponible de manera gratuita en [*insert the languages that meet the threshold*].] Usted puede obtener este documento gratis en otros formatos, por ejemplo, en letra grande, en braille o en audio. Llame al [insert Member Services toll-free phone and TTY numbers, and days and hours of operation]. La llamada es gratuita. [Plans must provide the information in alternate formats when a Member asks for it or when the plan identifies a Member who needs it.]
* [Plans must also describe:
* How they will request a member’s preferred language other than English and/or alternate format.
* How they will keep the member’s information as a standing request for future mailings and communications so the member does not need to make a separate request each time.
* How a member can change a standing request for preferred language and/or format.]
* La lista está al corriente hasta el <**date of publication**>, pero usted debe saber que:
* Podríamos haber agregado o retirado algunos proveedores de la red de <plan name> después de la publicación de este Directorio.
* Posiblemente algunos proveedores de <plan name> de nuestra red ya no acepten miembros nuevos. Si usted tiene algún problema para encontrar un proveedor que acepte miembros nuevos, llame a Servicios al miembro al <toll-free number> y le ayudaremos.
* Para obtener la información más actual sobre los proveedores de la red de <plan name> en su área, visite <web address> o llame a Servicios al miembro al <toll-free number>, <days and hours of operation>. La llamada es gratuita. [TTY: <toll-free number>.]

Los médicos y otros profesionales de cuidado de salud de la red de <plan name> están anotados en las páginas <page numbers>. Las farmacias de nuestra red se encuentran en las páginas <page numbers>. [*If plan includes an Index for Providers and for Pharmacies, insert:* Usted puede usar el Índice al final del Directorio para encontrar la página donde se encuentra un proveedor o una farmacia.]

# Proveedores

## B1. Términos clave

[*Plans should also include information about the Plan of Care developed for each member.*]

Esta sección explica términos clave en nuestro *Directorio de proveedores y farmacias*.

* Los **proveedores** son profesionales de cuidado de salud y proveedores de respaldo, como médicos, enfermeras, farmacéuticos, terapeutas, y otras personas que proporcionan cuidado y servicios. Los **servicios** incluyen cuidado médico, servicios y respaldos a largo plazo (LTSS), suministros, medicamentos de receta, equipos y otros servicios.
  + El término proveedores también incluye centros, como hospitales, clínicas y otros sitios que proporcionan servicios médicos, equipo médico y servicios y respaldos a largo plazo.
  + A los proveedores que son parte de la red de nuestro plan les llamamos **proveedores de la red**.
* **Los proveedores de la red** son los proveedores que tienen contratos para proporcionar servicios a los miembros de nuestro plan. [*Plans may delete the next sentence if it is not applicable.*] Los proveedores de nuestra red, de manera general, nos cobran directamente por el cuidado que le dan a usted. Cuando usted acude a un proveedor de la red, generalmente pagará [*insert as applicable:* nada ***or*** solamente su parte del costo] por los servicios cubiertos.
* Un **Proveedor de cuidado primario (PCP)** es [*plans should include examples as needed*] quien le da el cuidado rutinario de salud. Su PCP llevará sus expedientes médicos y con el tiempo le conocerá a usted y sus necesidades de salud. [*Plans should include this sentence if applicable to plan arrangement:* Su PCP también le dará un **referido** si usted tiene que acudir a un especialista u otro proveedor.]
* Los **especialistas** son médicos que proporcionan servicios de cuidado de salud para una enfermedad o parte del cuerpo específicas. Existen muchos tipos de especialistas. Por ejemplo:
  + Los oncólogos tratan a pacientes con cáncer.
  + Los cardiólogos tratan pacientes con enfermedades del corazón.
  + Los ortopedistas tratan pacientes con ciertas enfermedades óseas, de articulaciones o musculares.
* [*Plans that assign members to medical groups must* clearly and briefly define the term “medical group.” Plans must also include a reference to additional information in Section B2 that explains a medical group’s potential impact on enrollees.]
* [*Plans should delete this paragraph if they don’t require referrals for any services.*] Posiblemente necesite un **referido** para acudir a un especialista o una persona que no sea un proveedor de cuidado primario (PCP). Un **referido** significa que su PCP debe darle su aprobación antes de que usted pueda acudir a alguien que no es su PCP. Si usted no obtiene el referido, <plan name> podría no cubrir el servicio.
  + No se necesitan referidos de [*insert as applicable:* su PCP de la red ***or*** nuestro plan] para:
    - cuidado de emergencia,
    - cuidado necesario de urgencia,
    - servicios de diálisis renal que usted recibe en un centro de diálisis certificada por Medicare cuando usted está fuera del área de servicio del plan, **o**
    - servicios de un especialista en salud de la mujer.
    - [*Plans may insert additional exceptions as appropriate.*]
  + Además, si usted cumple los requisitos para recibir servicios de proveedores de salud indígenas, usted podrá acudir a estos proveedores sin necesidad de un referido. Debemos pagar al proveedor de salud para nativos americanos por esos servicios, aunque estén fuera de la red de nuestro plan.
  + Encontrará más información sobre referidos en el Capítulo 3 del *Manual del miembro* [*plans may insert reference, as applicable*].
* Usted también tiene acceso a un [*Insert as applicable:* **coordinador de servicios** *and/or***equipo coordinador de servicios**] que elija.
  + Un **Coordinador de servicios** lo ayuda a administrar sus proveedores y servicios médicos.
  + Su **equipo coordinador de servicios** [*plans should describe the service coordination team as appropriate to the plan*]. Los integrantes del equipo coordinador de servicios, trabajan juntos para asegurarse de que sus cuidados sean coordinados. Esto significa que se aseguran de que las pruebas y exámenes de laboratorio que recibe y los resultados sean compartidos con los proveedores apropiados. También significa que su PCP debe conocer todos los medicamentos que toma para poder reducir los efectos negativos. Su PCP siempre obtendrá su permiso antes de compartir su información médica con otros proveedores.

## B2. Tiempos de espera para atención primaria de la salud y servicios de salud del comportamiento

Debemos proporcionarle atención médica primaria y servicios de salud del comportamiento dentro de los siguientes tiempos de espera:

* de manera inmediata en caso de necesidades de emergencia;
* dentro de un período de 7 días para necesidades que no son emergencias ni urgencias pero que necesitan atención médica;
* dentro de un período de 30 días para cuidados preventivos o de rutina.

## B3. Proveedor de cuidado primario (PCP) [if appropriate, include: o un Equipo integral de cuidado primario]

Usted puede recibir servicios de cualquier proveedor de nuestra red que acepte miembros nuevos.

Primero, deberá elegir un Proveedor de cuidado primario. Un especialista puede ser su PCP. [*If applicable, describe under what circumstances a specialist may act as a PCP and how to ask for one (e.g., call Member Services).*]

[*Insert if applicable:* Los PCP de nuestro plan están asociados con grupos médicos. Cuando usted elige su PCP, también está eligiendo el grupo médico asociado. Esto significa que su PCP le dará referidos para especialistas y servicios que también están asociados con su grupo médico*.*

* Si quiere usar algún especialista u hospital en particular, es importante saber si están asociados con el grupo médico de su PCP. Usted puede ver en este Directorio o preguntar a Servicios al miembro de <plan name> para comprobar si el PCP que usted quiere da referidos para ese especialista o usa ese hospital.
* Si usted no se queda dentro del grupo médico de su PCP, es posible que <plan name> no cubra el servicio.]

Para elegir un PCP, consulte la lista de proveedores de la página <page number> y elija un proveedor:

* que usted consulte ahora **o**
* que le haya recomendado alguien en que usted confíe **o**
* que tenga un consultorio al que pueda llegar fácilmente.

[*Plans may modify the bullet text listed above or add additional language as appropriate.*]

* Si quiere ayuda para elegir un PCP, por favor llame a Servicios al miembro al <toll-free number>, <days and hours of operation>. La llamada es gratuita. [TTY: <toll-free number>.] O visite <web address>.
* Si tiene alguna pregunta sobre si pagaremos algún servicio o cuidado médico que usted quiera o necesite, llame a Servicios al miembro y pregunte **antes** de recibir los servicios o el cuidado.

## B4. Servicios y respaldos a largo plazo (LTSS)

Como miembro de <plan name>, usted podría obtener servicios y respaldos a largo plazo (LTSS), como [*insert examples with explanations of services available to members*]. LTSS ayuda a las personas que necesitan asistencia para realizar tareas cotidianas, como bañarse, vestirse, preparar la comida y tomar medicamentos. La mayoría de esos servicios se proporcionan en su hogar o en su comunidad, pero se podrían proporcionar en un hogar para personas de la tercera edad u hospital.

[*Plans should include information regarding accessing LTSS and talking with a Service Coordinator.*]

## B5. Cómo identificar a los proveedores de la red de <plan name>

[*Plans should delete this paragraph if they don’t require referrals for any services.*] Puede que necesite un referido para acudir a una persona que no sea un Proveedor de cuidado primario.Hay más información sobre referidos en la Sección B1 de este *Directorio de proveedores y farmacias*, en la página <page number>.

[*HMO plan types must include the following language through the end of the section.*] Usted deberá recibir todos sus servicios cubiertos de proveedores dentro de nuestra red [insert if applicable: asociados con el grupo médico de su PCP]. Si acude a proveedores que no estén en la red de <plan name> [insert if applicable: y no estén asociados con el grupo médico de su PCP] (sin autorización previa (PA) de nosotros o sin nuestra aprobación), usted tendrá que pagar la factura.

|  |
| --- |
| Una **PA** es una aprobación de <plan name> que tiene que recibir antes de poder obtener ciertos servicios, medicamentos o acudir a un proveedor fuera de la red. Es posible que <plan name> no cubra el servicio o medicamento si no recibe aprobación. |

Las excepciones a esta regla son cuando usted necesite cuidado de urgencia o de emergencia o diálisis y no pueda ir a un proveedor del plan, como cuando usted y su familia están lejos de casa. [*Plans may insert additional exceptions as appropriate.*] Usted también puede acudir a proveedores fuera del plan [insert if applicable: o del grupo médico de su PCP] para recibir servicios que no sean de emergencia si <plan name> le da permiso antes.

* Usted puede cambiar de proveedores dentro de la red en cualquier momento del año. Si ha estado acudiendo a un proveedor de la red, usted no tiene que seguir viendo a ese proveedor. [*Plans should modify or add language with plan-specific rules about PCP changes. Plans should include the following language if appropriate:* Para algunos proveedores, posiblemente necesite un referido de su PCP.]
* [*Insert if applicable:* Recuerde que los PCP de nuestro plan están asociados con grupos médicos. Si usted cambia de PCP, posiblemente también cambie de grupo médico. Cuando pida el cambio, asegúrese de avisar a Servicios al miembro si está acudiendo a un especialista o si está recibiendo otros servicios cubiertos que requieran la aprobación de su PCP. Servicios al miembro le ayudará a garantizar que usted pueda continuar recibiendo sus cuidados especializados y otros servicios cuando cambie de PCP.]
* <Plan name> trabaja con todos los proveedores de nuestra red para adaptarse a las necesidades de las personas con discapacidades. La lista de proveedores de la red de abajo incluye la información sobre las adaptaciones que proporcionan los proveedores.
* Si necesita un proveedor y no está seguro de que ofrezca las adaptaciones que usted necesita, <plan name> puede ayudarle. Hable con su [equipo coordinador de servicios, coordinador de servicios, asistente certificado del paciente, *or similar reference*]para recibir ayuda.

## B6. Cómo encontrar proveedores de <plan name> en su área

[*Plans should describe how an enrollee can find a network provider nearest their home relative to the organizational format used in the Directory.*]

## B7. Lista de proveedores de la red

Este Directorio de proveedores de la red de <plan name> contiene:

* **Profesionales del cuidado de salud**, entre ellos médicos de cuidado primario, especialistas y proveedores de salud mental, como proveedores de salud del comportamiento para pacientes ambulatorios, **y**
* **Centros**, entre ellos hospitales, centros de enfermería y centros de salud mental, **y**
* **Proveedores de respaldo**, entre ellos aquellos que proporcionan ayudas de adaptación o equipos médicos, cuidado temporal para adultos, vida con asistencia, terapia de rehabilitación cognitiva, servicios para actividades diarias y salud, servicios dentales, servicios de respuesta a emergencias, asistencia para el empleo, servicios de administración financiera, alimentos entregados en el hogar, modificaciones menores en el hogar, servicios de enfermería, terapia ocupacional, servicios de asistencia personal, terapia física, respiro, terapia del habla, empleo respaldado y servicios de asistencia de transición.

Los proveedores están enumerados en orden alfabético por apellido. [*Insert if applicable:* Usted también puede encontrar el nombre del proveedor y la página en donde se encuentra información adicional del proveedor en el Índice al final del Directorio. Los proveedores también se enumeran en orden alfabético por apellido en el Índice*.*]Además de la información de contacto, las listas de proveedores también incluyen las especialidades y habilidades, por ejemplo, lenguajes hablados o entrenamiento en competencia cultural.

|  |
| --- |
| **Entrenamiento en competencia cultural** es formación adicional para nuestros proveedores de cuidado de salud que los ayuda a entender mejor sus antecedentes, valores, y creencias para adaptar mejor sus servicios a sus necesidades sociales, culturales, y de idioma. |

[***Note:*** *Plans that provide additional or supplemental benefits beyond those captured in this model document must create provider type(s) offering these additional or supplemental benefits and list the providers.*]

[***Note:*** *Plans must show the total number of each type of provider (e.g., PCP, specialist, hospital, etc.).*]

[*Plans have the option to move general pharmacy information from pages 18-19 to appear here before provider listings begin.*]

# Proveedores de la red de <plan name>

**Organización recomendada:** [*Plans are required to include all of the following fields but have discretion regarding the organizational layout used.* *However, plans that assign members to medical groups must organize the provider listing by medical group.*]

**1. Tipo de proveedor** [*Plans are required to include* *PCPs, Specialists, Hospitals, Nursing Facilities, Mental Health Providers, and Long-Term Services and Supports Providers (including those providing Adaptive Aids/Medical Equipment, Adult Foster Care, Assisted Living, Cognitive Rehabilitation Therapy, Day Activity and Health Services, Dental Services, Emergency Response Services, Employment Assistance, Financial Management Services, Home Delivered Meals, Minor Home Modifications, Nursing Services, Occupational Therapy, Personal Assistance Services, Physical Therapy, Respite, Speech Therapy, Supported Employment, and Transition Assistance services).*]

**2. Condado** [*List alphabetically.*]

**3. Ciudad** [*List alphabetically.*]

**4. Barrio/código postal** [*Optional: For larger cities, plans may further subdivide providers by zip code or neighborhood.*]

**5. Proveedor** [*List alphabetically.*]

**6. Número de teléfono**

[Insert if applicable: Los proveedores de este Directorio están organizados alfabéticamente por grupo médico.] Usted puede recibir servicios de cualquiera de los proveedores de esta lista [*insert if applicable:* que estén asociados con el grupo médico de su PCP].

[*Plans should include the following language if referrals are required under the plan:* Para algunos servicios, posiblemente necesite un referido de su PCP.]

[***Note:*** *The following pages contain Directory requirements and sample formatting for provider types. Some provider types may include* ***both*** *health care professionals* ***and*** *facilities (e.g., Outpatient Behavioral Health Providers, Outpatient Behavioral Health Hospitals). Some provider types, particularly in the support provider category, may include* ***either*** *health care professionals (e.g., Dental Services, Nursing Services)* ***or*** *facilities (e.g., Day Activity and Health Services, Home Delivered Meals). Plans should add behavioral health services that can be* ***either*** *specialists* ***or*** *facilities, specifically Mental Health Targeted Case Management and Mental Health Rehabilitative Services. In consultation with the State, Plans should use reasonable judgment to determine each network provider’s type and include its applicable requirements according to the examples on the following pages. Plans should include* ***location-specific requirements*** *(e.g., days and hours of operation, public transportation, languages, accommodations for those with physical disabilities) for each provider with more than one address in the Directory. Plans are encouraged to position a symbol legend at the beginning of the Provider and Pharmacy Directory and include an abbreviated version of the symbol legend in the footer of each page of the directory listings. Plans should* *consider using three-column tables in provider listings to optimize visibility and space.*]

**[*Sample formatting for health care professionals and non-facility based support providers:*]**

## C1. [Include Provider Type (e.g., Médicos de cuidado primario; especialistas: cardiólogos; proveedores de respaldo: servicios dentales)]

**<State> | <County>**

<City/Town><Zip Code>

<Provider Name>

<Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[***Note:*** *When providers in a group practice are co-located and listed together in the Directory, the plan may list requirements, when appropriate, at an aggregate group practice level rather than at an individual provider level (e.g., days and hours of operation, public transportation route and types, non-English languages (including ASL)).*]

[***Note:*** *Plans may satisfy “as applicable” requirements either at the individual provider level throughout or by inserting a prominent statement indicating that enrollees may call Member Services to get the information. For example, plans may enter a statement such as:* Llame a Servicios al miembro al <toll-free phone and TTY numbers>, <days and hours of operation>, si necesita información sobre las credenciales y/o certificaciones, , y/u otras áreas de entrenamiento y experiencia de un proveedor.]

[*List only currently contracted and credentialed providers*.]

[*List only the office or practice location(s) where the provider regularly practices and is regularly available to provide covered services*.]

[*As Appropriate, include web and e-mail addresses.*]

[*As applicable, include other credentials and/or certifications.*]

[*Indicate if the provider is accepting new patients as of the Directory’s date of publication, and include if appliable:* Asimismo, usted puede comunicarse directamente con el proveedor para saber si aceptan nuevos pacientes*.*]

[*List non-physician practitioners (e.g. nurse practitioners, physician assistants) as PCPs if an enrollee can make an appointment with that practitioner for covered primary care services. Clearly identify that the provider is a non-physician provider.*]

[*Clearly identify the capacity in which the provider is serving for that particular network (i.e., specialty/and/or sub-specialty), even if the provider is credentialed in more than one specialty. For example, an internal medicine physician/oncologist that does not practice as a PCP should not be displayed as a PCP in the directory. List the provider only under the category of the services they will be furnishing to enrollees as an in-network provider*.]

[*Include days and hours of operation.*]

[*Indicate if the provider’s location is on a public transportation route. Optional: Include public transportation types (e.g., bus, rail, boat). Plans may use abbreviations or symbols if a key is included in the Directory.*]

[*List cultural and linguistic capabilities, including languages (including ASL) offered by the provider or skilled medical interpreters at the provider’s office. Plans may use abbreviations or symbols if a key is included in the Directory*]

[*Include specific accommodations at the provider’s location for individuals with physical disabilities (e.g., wide entry, wheelchair access, accessible exam rooms and tables, lifts, scales, bathrooms and stalls, grab bars, other accessible equipment). Plans may use abbreviations or symbols for each type of accommodation if a key is included in the Directory.*]

[*Make a reasonable attempt to ensure provider practice names are up-to-date and reflect the name of the practice used when an enrollee calls to make an appointment.*]

[*Indicate providers who may have restrictions on access by including a symbol or notation next to the provider’s listing indicating such restrictions. Examples include,* ***but are not limited to,*** *the following:*

* *providers who are only available to a subset of enrollees (e.g., only Native American enrollees may access a provider associated with a Native American tribe, only enrollees who are students may access the college’s student health service);*
* *providers who only offer home visits and do not see patients at a physical office location (Note: Plans should also exclude a specific street address from the provider’s listing but still list the provider underneath the appropriate provider type, state, county, city, and neighborhood/zip code);*
* *providers who offer services exclusively via telehealth;*
* *providers and/or locations that are not accessible for people with physical disabilities (e.g. lack of availability of ramps, elevators, and accessible medical equipment);*
* *providers who will be available in-network only for a certain period (e.g., as of a future date) or who will leave the network as of a specified date, and provide a clear indication of the time limitation (such as “beginning* [*month, day, 20XX*]*” or “until* [*month, day, 20XX*]”).]

[*Plans may not:*

* *List a provider prior to being credentialed.*
* *List a provider if the enrollee cannot call the phone number listed and request an appointment with that provider at the address listed (e.g. urgent care, on-call, fill-in/substitute providers).*
* *List locations where a provider may practice only occasionally.*]

[*As applicable, list areas the provider has training in and experience treating, including physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other areas of specialty. For behavioral health providers, this includes training in and experience treating trauma, child welfare, and substance abuse.*]

[*Optional: Indicate if the provider supports electronic prescribing.*]

[*Optional:* *Indicate telehealth capabilities*.]

[*Optional:* *Indicate if the provider has expertise in treating patients with opioid use disorder (OUD).*]

**[*Sample formatting for facilities and facility-based support providers:*]**

## C2. [Include Facility Type (e.g., Hospitales, Centros de enfermería, Proveedores de respaldo: Alimentos entregados en el hogar)]

[***Note:*** *Plans that include all nursing facilities in one type must indicate what kind of nursing facility it is (e.g., skilled, long-term care, or rehabilitation) and may do so either after the type or after the facility name (e.g., Nursing Facilities – Skilled or <Facility Name> – Rehabilitation). In addition, plans should indicate nursing facilities that have a specialty, such as wound care, dementia, cardiac rehabilitation, and/or tracheostomy care. Plans may use abbreviations or symbols if a key is included in the Directory.*]

**<State> | <County>**

**<City/Town>**<Zip Code>

<Facility Name>

<Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[***Note:*** *Plans may satisfy “as applicable” requirements either at the individual facility level throughout or by inserting a prominent statement indicating that enrollees may call Member Services to get the information. For example, plans may enter a statement such as:* Llame a Servicios al miembro al <toll-free phone and TTY numbers>, <days and hours of operation>, si necesita información sobre otras credenciales y/o certificaciones de centro, y/o días y horario de atención.]

[*Optional for hospitals: Indicate if the facility has an emergency department.*]

[List only currently contracted and credentialed providers.]

[*As Appropriate, include web and e-mail addresses.*]

[*As applicable, include other credentials and/or certifications.*]

[*As applicable, include days and hours of operation.*]

[*Indicate if the facility is on a public transportation route. Optional: Include public transportation types (e.g., bus, rail, boat). Plans may use abbreviations or symbols if a key is included in the Directory.*]

[*List cultural and linguistic capabilities, including languages (including ASL) spoken at the facility or offered onsite by skilled medical interpreters. Plans may use abbreviations or symbols if a key is included in the Directory.*]

[*Include specific accommodations at the facility for individuals with physical disabilities (e.g., wide entry, wheelchair access, accessible exam rooms and tables, lifts, scales, bathrooms and stalls, grab bars, other accessible equipment). Plans may use abbreviations or symbols for each type of accommodation if a key is included in the Directory.*]

[*Indicate providers who may have restrictions on access by including a symbol or notation next to the provider’s listing indicating such restrictions. Examples include,* ***but are not limited to,*** *the following:*

* *Providers who are only available to a subset of enrollees (e.g., only Native American enrollees may access a provider associated with a Native American tribe, only enrollees who are students may access the college’s student health service);*
* *Providers who only offer home visits and do not see patients at a physical office location (Note: Plans should also exclude a specific street address from the provider’s listing but still list the provider underneath the appropriate provider type, state, county, city, and neighborhood/zip code);*
* *Providers who offer services exclusively via telehealth;*
* *Providers and/or locations that are not accessible for people with physical disabilities (e.g. lack of availability of ramps, elevators, and accessible medical equipment);*
* *Providers who will be available in-network only for a certain period (e.g., as of a future date) or who will leave the network as of a specified date, and provide a clear indication of the time limitation (such as “beginning* [*month, day, 20XX*]*” or “until* [*month, day, 20XX*]”*)*.]

[*Optional: Indicate if the facility supports electronic prescribing.*]

[*Optional:* *Indicate telehealth capabilities*.]

[*Optional:* *Indicate if the facility has expertise in treating patients with OUD.*]

[*Plans have the option to move the following general pharmacy information from pages 18-19 to start on page 11 before provider listing requirements begin.*]

# Lista de farmacias de la red

Esta parte del Directorio ofrece una lista de farmacias de la red de <plan name>. Estas farmacias de la red son farmacias que han aceptado proporcionarle a usted medicamentos de receta como miembro del plan.

[*If a plan lists pharmacies in its network but outside the service area, insert:* También incluyen farmacias que son parte de nuestra red, pero están fuera del área de <geographic area> donde usted vive. Usted también podrá surtir sus recetas en estas farmacias. Por favor, comuníquese con <plan name> al <toll-free number>, <days and hours of operation>, para pedir información adicional.]

Los miembros de <plan name> deben usar farmacias de la red para obtener medicamentos de receta, excepto en situaciones de cuidado de urgencia o de emergencia.

* Si utiliza una farmacia fuera de la red para buscar medicamentos de receta fuera de una emergencia, usted tendrá que pagar de su bolsillo por el servicio.
* Para obtener más información, consulte el <plan name> *Manual del miembro*.

Es posible que en este Directorio no se indiquen todas las farmacias de la red. Tras la publicación de este Directorio, podríamos haber agregado o borrado algunas farmacias de la red.

Para obtener información actual sobre las farmacias de la red de <plan name> en su área, vaya a nuestro sitio web <web address> o llame a Servicios al miembro al <toll-free number>, <days and hours of operation>. La llamada es gratuita. [TTY: <toll-free number>.]

Para obtener una descripción completa de su cobertura de medicamentos de receta, incluyendo cómo surtir sus recetas, por favor consulte el *Manual del miembro* y la *Lista de medicamentos cubiertos* de <plan name>. [*Insert information about where members can find the List of Covered Drugs.*]

## D1. Cómo identificar a las farmacias de la red de <plan name>

Junto con farmacias minoristas, la red de farmacias de su plan incluye:

* [*Plans should insert only if they include mail-order pharmacies in their network*.] Las farmacias de pedidos por correo envían medicamentos de receta cubiertos a miembros a través del correo o compañías de envío.
* Las farmacias de infusiones en el hogar preparan medicamentos de receta que se administran en su casa por vía intravenosa, dentro de un músculo, o de otra manera no oral por un proveedor entrenado.
* Las farmacias de cuidado a largo plazo (LTC) atienden a residentes de centros de cuidado a largo plazo, como hogares para personas de la tercera edad.
* [*Plans should insert only if they include I/T/U pharmacies in their network.*] Las farmacias que sirven al Programa de salud para nativos americanos tribales o urbanos (I/T/U).
* [*Plans should insert any additional pharmacy types in their network. Plans are encouraged to provide a definition of any additional specialty pharmacies in their network.*]
* No es necesario que usted siga utilizando las mismas farmacias para surtir sus recetas.

No es necesario que usted use una farmacia de pedidos por correo para surtir sus recetas.

## D2. Suministro de recetas a largo plazo

[*Plans should include only if they offer extended-day supplies at any pharmacy location. Plans should modify the language below as needed, consistent with their approved extended-day supply benefits.*]

* **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener suministros de sus medicamentos de receta de hasta <number> días, enviados directamente a su hogar. Un suministro de <number> días tiene el mismo copago que un suministro de un mes.
* **Programas de farmacias minoristas de <number> días.** Algunas farmacias minoristas también pueden ofrecer un suministro de hasta <number> días de medicamentos de receta cubiertos. **Un suministro de <number> días tiene el mismo copago que un suministro de un mes.**

# Farmacias de la red de <plan name>

**Organización recomendada:** [*Plans are required to include all of the following fields but have discretion regarding the organizational layout used.*]

**1. Tipo de Farmacia** [*Plan, Mail Order, Home Infusion, LTC, I/T/U*]

**2. Estado** [*Include only if Directory includes multiple states.*]

**3. Condado** [*List alphabetically.*]

**4. Ciudad** [*List alphabetically.*]

**5. Barrio/código postal** [*Optional: For larger cities, pharmacies may be further subdivided by zip code or neighborhood.*]

**6. Farmacia** [*List alphabetically.*]

[***Note:*** *Plans must indicate how types of pharmacies can be identified and located relative to organizational format.*]

[***Note:*** *Plans that make* ***all*** *network pharmacies available to* ***all*** *members must insert:* Puede utilizar cualquier farmacia de nuestra red. *Plans that do* ***not*** *make all network pharmacies available to all members must indicate for each pharmacy type or individual pharmacy that the pharmacy type or pharmacy is* ***not*** *available to all members. If symbols are used, a legend must be provided. Plans are encouraged to position a symbol legend at the beginning of the Provider and Pharmacy Directory and include an abbreviated version of the symbol legend in the footer of each page of the directory listings. Plans should consider using three-column tables in provider listings to optimize visibility and space.*]

## E1. Farmacias minoristas y de cadena

**<State> | <County>**

**<City/Town>**<Zip Code>

**<Pharmacy Name>**

<Pharmacy Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*As appropriate, include web and e-mail addresses.*]

[*Optional: Include* *days and hours of operation.*]

[*Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.” Refer to exceptions in the second Note below.*]

[*Optional:* <Special Services:>] [***Note:*** *Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.*]

[*Indicate if the pharmacy provides an extended day supply of medications.*]

[*Optional: Indicate if the pharmacy supports electronic prescribing.*]

[***Note:*** *Plans are expected to create one alphabetical list integrating both retail and chain pharmacies, but the information supplied may vary for retail versus chain pharmacies. Plans are required to provide the address and phone number for independent (non-chain) pharmacies. For chain pharmacies only, in lieu of providing addresses and days and hours of operation for all locations, plans may provide a toll-free customer service number and a TTY number that an enrollee can call to get the locations, phone numbers, and days and hours of operation of the chain pharmacies nearest their home. If the chain pharmacy does not have a toll-free number, plans should include a central number for the pharmacy chain. If the chain pharmacy does not have a central number for enrollees to call, then plans must list each chain pharmacy and phone number in the Directory. If the chain pharmacy does not have a TTY number, plans are instructed to list the TRS Relay number 711. Plans should not list their own Member Services number as a pharmacy phone number or TTY number.*]

## E2. [*Include if applicable:* Farmacia(s) de pedidos por correo]

[*Include if applicable:* Usted puede recibir medicamentos de receta enviados a su hogar a través de nuestro programa de entregas por correo de nuestra red [*plans may insert:* llamado <name of program>].] [*Plans are expected to advise members that pharmacies are to obtain consent before shipping or delivering any prescriptions the member does not personally initiate.*]

[*Plans whose network mail order services provide automated delivery insert the following sentence:* Usted también tiene la opción de inscribirse para entregas automáticas de pedidos por correo [*plans may insert:* a través de nuestro <name of program>]. [*Plans have the option to insert either “business” or “calendar” or neither in front of “days” in the following sentence:* Generalmente, usted debe esperar recibir sus medicamentos de receta [*insert as applicable:* dentro de <number> días ***or*** de <number> a <number> días] desde el momento en que la farmacia de pedidos por correo recibe su pedido.] Si no recibe su(s) medicamento(s) de receta en ese plazo, [*insert as applicable:* si quiere cancelar un pedido automático,] o si tiene que pedir una devolución por medicamentos que recibió y que no quería o no necesitaba, comuníquese con nosotros al <toll-free number>. [TTY: <phone number>] Para obtener más información sobre las farmacias de pedidos por correo, consulte el Capítulo 5 del *Manual del miembro*, [*plans may insert reference, as applicable*].]

**<State> | <County>**

**<City/Town>**<Zip Code>

<Pharmacy Name>

<Toll-free number>  
<TTY number>

[*As appropriate, include web and e-mail addresses.*]

[*Optional: Include* *days and hours of operation.*]

[*Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

[*Optional:* <Special Services:>] [***Note:*** *Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.*]

[*Optional: Indicate if the pharmacy provides an extended day supply of medications.*]

[*Optional: Indicate if the pharmacy supports electronic prescribing.*]

## E3. Farmacias de infusiones en el hogar

[***Note:*** *Plans should provide any additional information on home infusion pharmacy services in their plan and how enrollees can get more information.* *If applicable, plans should include a statement noting their home infusion pharmacies service all counties in the plan service area rather than denoting specific county information below. Plans with a home infusion pharmacy servicing multiple counties should list the counties alphabetically.*]

**<State> | <County or Counties>**

**<City/Town>**<Zip Code>

<Pharmacy Name>

<Pharmacy Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*As appropriate, include web and e-mail addresses.*]

[*Optional: Include* *days and hours of operation.*]

[*Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

[*Optional:* <Special Services:>] [***Note:*** *Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.*]

[*Optional: Indicate if the pharmacy provides an extended day supply of medications.*]

[*Optional: Indicate if the pharmacy supports electronic prescribing.*]

## E4. Farmacias de cuidado a largo plazo

Los residentes de centros de cuidado a largo plazo, como un hogar para personas de la tercera edad, pueden acceder a sus medicamentos de receta cubiertos por <plan name> a través de la farmacia del centro o de otra farmacia de la red. Para obtener más información sobre la cobertura de medicamentos en casos especiales, consulte el Capítulo 5 del *Manual del miembro* [*plans may insert reference, as applicable*].

[***Note:*** *Plans should provide any additional information on long-term care pharmacy services in their network and how enrollees can get more information.* *If applicable, plans should include a statement noting their long-term care pharmacies service all counties in the plan service area rather than denoting specific county information below. Plans with a long-term care pharmacy servicing multiple counties should list the counties alphabetically.*]

**<State> | <County or Counties>**

**<City/Town>**<Zip Code>

<Pharmacy/Long-Term Facility Name>

<Pharmacy/Long-Term Facility Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*As appropriate, include web and e-mail addresses.*]

[*Optional: Include* *days and hours of operation.*]

[*Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

[*Optional:* <Special Services:>] [***Note:*** *Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.*]

[*Optional: Indicate if the pharmacy provides an extended day supply of medications.*]

[*Optional: Indicate if the pharmacy supports electronic prescribing.*]

## E5. Las farmacias que sirven al Programa de salud para nativos americanos tribales o urbanos (I/T/U) [Note: This section applies only if there are I/T/U pharmacies in the service area.]

Solo los indígenas americanos y los nativos de Alaska tienen acceso a las farmacias del Programa de salud para nativos americanos tribales o urbanos (I/T/U) a través de la red de farmacias de <plan name>. Para aquellos que no sean indígenas americanos y nativos de Alaska, es posible que puedan utilizar estas farmacias bajo circunstancias limitadas (por ejemplo: una emergencia).

[***Note:*** *Plans should provide any additional information on I/T/U pharmacy services in their network and how enrollees can get more information*.]

**<State> | <County>**

**<City/Town>**<Zip Code>

<Pharmacy Name>

<Pharmacy Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*As appropriate, include web and e-mail addresses.*]

[*Optional: Include* *days and hours of operation.*]

[*Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

[*Optional:* <Special Services:>] [***Note:*** *Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.*]

[*Optional: Indicate if the pharmacy provides an extended day supply of medications.*]

[*Optional: Indicate if the pharmacy supports electronic prescribing.*]

## E6. Farmacias de la red fuera de <geographic area> [Note: This category is optional for plans to include.]

Usted puede obtener sus medicamentos cubiertos en cualquiera de las farmacias de nuestra red. Esto incluye las farmacias de nuestra red fuera de su área de servicio.

**<State> | <County>**

**<City/Town>**<Zip Code>

<Pharmacy Name>

<Pharmacy Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*As appropriate, include web and e-mail addresses.*]

[*Optional: Include* *days and hours of operation.*]

[*Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

[*Optional:* <Special Services:>] [***Note:*** *Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.*]

[*Optional: Indicate if the pharmacy provides an extended day supply of medications.*]

[*Optional: Indicate if the pharmacy supports electronic prescribing.*]

[***Note:*** *It is optional for plans to create categories for additional types of network pharmacies not encompassed in the previous categories. If the plan creates additional categories, plan should add these additional categories as sequentially numbered subsections and include them in the Table of Contents*.]

**<State> | <County>**

**<City/Town>**<Zip Code>

<Pharmacy Name>

<Pharmacy Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*As appropriate, include web and e-mail addresses.*]

[*Optional: Include* *days and hours of operation.*]

[*Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

[*Optional:* <Special Services:>] [***Note:*** *Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.*]

[*Optional: Indicate if the pharmacy provides an extended day supply of medications.*]

[*Optional: Indicate if the pharmacy supports electronic prescribing.*]

# [*Optional:* Índice de proveedores y farmacias]

[Plans that add an Index must update the Table of Contents to include it as a section with two subsections as illustrated below. Providers and pharmacies must be grouped separately in the Index.]

## F1. Proveedores

[Plans must present entries in alphabetical order by provider’s last name.]

## F2. Farmacias

[Plans must present entries in alphabetical order.]