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*.]
* [*In states with D-SNP only contracts as defined at 42 CFR § 422.107(e) plans must provide a single combined Provider and Pharmacy Directory*.]
* [*Plans may provide subdirectories (for example, 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 other directory requirements. Plans may publish separate primary care and specialty directories if both directories are made available to enrollees at the time of enrollment*.]
* [*Plans that assign members to medical groups must include language as indicated in plan instructions throughout. If plans use a different term, they should replace “medical group” with the term they use*.]
* [*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*.]
* [*Plans are encouraged to include an Index for Providers and Pharmacies*.]
* [*For Medicaid pharmacy services, please include language on Medicaid. Language is provided below in section D*.]
* [*In accordance with §§ 422.111(h)(2)(i)-(ii) and 422.2265(b)(3) and (b)(4), plans must post printable and searchable versions of the provider directory on its website; when applicable, plans must post a searchable pharmacy directory combined with a provider directory, per § 422.2265(b)(5). Per § 422.120, each plan must also implement and maintain a publicly accessible, standards-based Application Programming Interface (API) for its provider directory, which must conform with the applicable technical requirements at § 422.119(c) and documentation requirements at § 422.119(d), be accessible on its website, and be updated no later than 30 calendar days after an update.*]
* [*As provided under 42 CFR § 438.10(h)(4), plans must make Directory content related to providers of Family Care Partnership services 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 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 “care coordinator”, plans should replace it consistently throughout with the term the plan uses*.]
* [*Where plans are instructed to include a phone number, plans must ensure it is a toll-free number and include a toll-free TTY number and days and hours of operation*.]
* [*Plans may place a QR code on materials to provide an option for members to go online*.]
* [*The footer should appear on every other page throughout the general information sections. Plans have the option of deleting the footer following the general information (for example, the footer is not necessary in the listings of providers and/or 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 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 the Table of Contents or any 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, insert: This section is continued on the next page).*
* *Ensure plan-customized text is in plain language and complies with member reading level requirements.*
* *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.*]

<Plan name, Plan type> | <year> *Provider and Pharmacy Directory*

Introduction

This *Provider and Pharmacy Directory* includes information about the provider and pharmacy types in <plan name> and listings of all the plan’s providers and pharmacies as of the date of this Directory. The listings contain address and contact information as well as other details such as days and hours of operations, specialties, and skills. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

[*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*.]

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# A. Disclaimers

* [*Plans must include all applicable disclaimers as required in federal regulations (42 CFR Part 422, Subpart V, and Part 423, Subpart V) and included in any state-specific guidance provided by Family Care Partnership*.]
* [*As required at 42 CFR § 438.10(d)(2), all disclaimers and taglines that explain the availability of alternate formats using auxiliary aids and services or oral interpretation services and the toll-free telephone number of the entity providing choice counseling services as required by § 438.71(a), must be in conspicuously visible font*.]
* This Directory lists health care professionals (such as doctors, nurse practitioners, and psychologists) and facilities (such as hospitals or clinics). This Directory also lists Long-term Services and Supports (LTSS) providers (such as Adult Day Health and Home Health providers) that you may use as a <plan name> member. We also list the pharmacies that you may use to get your prescription drugs.
* These are referred to as “network providers” in this Directory. These providers signed a contract with us to provide you services. This is a list of <plan name>’s network providers for [*insert description of the plan’s service area, including a list of counties and cities/towns*].
* [*Plans may include either the current multi-language insert or provide a Notice of Availability. Plans that choose to use the current multi-language insert per 42 CFR §§ 422.2267(e)(31) and (e)(33) should include:* We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at <phone number>. Someone that speaks <language> can help you. This is a free service. [*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.*]

*OR*

*Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31) and 423.2267(e)(33), plans may choose to provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that the plan provides language assistance services and appropriate auxiliary aids and services free of charge. The plan must provide the notice in English and at least the 15 languages most commonly spoken by individuals with limited English proficiency in <State> and must provide the notice in alternate formats for individuals with disabilities who require auxiliary aids and services to ensure effective communication.*]

* You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY numbers>, <days and hours of operation>*.* The call is free.
* [*Plans that meet the Medicare 5 percent alternative language or Medicaid required language threshold insert:* This document is available for free in <language(s).>]
* [*Plans also must simply 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, and*
* *how a member can change a standing request for preferred language and/or format*.]
* The list is up-to-date as of <**date of publication**>, but you need to know that:
* Some <plan name> network providers may have been added or removed from our network after this Directory was published.
* Some <plan name> providers in our network may no longer be accepting new members. If you are having trouble finding a provider who will accept new members, call Member Services [*plans may insert reference: at <toll-free phone and TTY numbers> or at the numbers listed at the bottom of this page or at the numbers in the footer of this document*] and we will help you.
* To get the most up-to-date information about <plan name>’s network providers in your area, visit <URL> or call Member Services at [*plans insert reference*: <toll-free phone and TTY numbers> *or* at the numbers listed at the bottom of this page or at the numbers in the footer of this document], <days and hours of operation>. The call is free. [*Plans may add contact information for Video Relay or other accessible technology*.]
* Doctors and other health care professionals in <plan name>’s network are listed in section <section letter>. Pharmacies in our network are listed in section <section letter>.

[*Insert if applicable*: You can use the Index in the back of the Directory to find the page where a provider or pharmacy is listed.]

# B. Background Information about <Plan Name>’s Network Providers

## B1. Key terms

[*Plans should include information about Care Teams and Care Plans developed for each member as applicable to the model of care*.]

This section explains key terms in our Directory.

* **Providers** are professionals such as doctors, nurses, pharmacists, therapists, and other people who provide care and services. **Services** include medical care, Long-term Services and Supports (LTSS), supplies, prescription drugs, equipment, and other services.
* The term **providers** includes facilities such as hospitals, clinics, and other places that provide medical services and medical equipment. It also includes LTSS providers that you may use as a <plan name> member.
* Providers that are a part of our plan's network are called **network providers**.
* **Network providers** have contracted with us to deliver services to members of our plan. Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. When you use a network provider, you usually pay nothing for covered services.
* A **Primary Care** [*insert the term the plan uses (for example,* Provider *or* Physician*)*] (PCP) is a [*plans should include examples as needed*] who gives you routine health care. Your PCP will keep your medical records and get to know your health needs over time. [*Plans should include this sentence if applicable to plan arrangement:* Your PCP will also give you a referral if you need a specialist or other provider.]
* **Specialists** are doctors who provide health care services for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:
* Oncologists care for patients with cancer.
* Cardiologists care for patients with heart conditions.
* Orthopedists care for patients with certain bone, joint, or muscle conditions.
* [*Plans that assign members to medical groups must include an explanation of the term(s) here*.]
* [*Plans should delete or edit this paragraph if they don’t require referrals or prior authorization for any services*.] You may need a **referral** or **prior authorization** for a specialist or someone that is not your PCP. A **referral** means that [*insert as applicable:* your network PCP *or* your Care Team] must give you approval before you can use the other provider. A **prior authorization** is different than a referral. Itmeans that **<plan name>** (not your [*insert as applicable*: network PCP *or* Care Team]) must give you approval **before** we will cover a specific service, item, or drug or an out-of-network provider. If you don’t get a referral or prior authorization, <plan name> may not cover the service, item, or drug.
* Referrals or prior authorization are **not** needed for:
* emergency care;
* urgently needed care;
* kidney dialysis services that you get at a Medicare-certified dialysis facility when you are outside the plan’s service area; or
* services from a women’s health specialist.
* [*Plans may insert additional exceptions as appropriate*.]
* Additionally, if you are eligible to get services from Indian health providers, you may use these providers without a referral. We must pay the Indian health provider for those services even if they are out of our plan’s network.
* More information on referrals and prior authorization is available in Chapter 3 of the *Evidence of Coverage* [*plans may insert reference, as applicable*].
* You will also be assigned a [*insert as applicable*: care team, care coordinator, patient navigator, or other appropriate reference.] [*Insert description of the care team as appropriate to the plan, including how the member can choose who is on their care team*]. Everyone on the [*insert as applicable*: care team, care coordinator, patient navigator, or other appropriate reference] works together to make sure your care is coordinated. This means that they make sure that you get all of the tests, labs, and other care that you need, and the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so that they can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers. Members of your [*insert as applicable*: care team, care coordinator, patient navigator, or other appropriate reference] may include:
* A **Care Coordinator** that helps you manage your medical providers and services. [*Insert description of the care coordinator as appropriate to the plan*.]
* Your **Primary Care** [*insert as applicable:* Provider *or* Physician].
* [*Plans may insert additional examples here as appropriate*.]

[*Plans should include this sentence if applicable to plan arrangement, modifying if needed:* Your Care Team will also help you find other providers of medical, behavioral health, or Long-term Services and Supports (LTSS) if you need a specialist or other health care provider. That way, you will get the right provider to help you with your concerns.]

## B2. Wait times for primary care and behavioral health

We must provide you with access to primary care and behavioral health services within the following timeframes:

* immediately for urgently needed services or an emergency;
* within 7 days for services that are not an emergency or urgently needed, but you require medical attention; or
* within 30 days for routine and preventative care.

## B3. How to choose a Primary Care [*insert term the plan uses (for example,* Provider or Physician)] (PCP) [*if appropriate, include*: or Integrated Primary Care Team]

First, you [will need to *or* should] choose a Primary Care [*insert the term the plan uses (for example,* Provider *or* Physician*)*] (PCP). [*If appropriate, include*: You may be able to have a specialist act as your PCP.] [*If applicable, describe circumstances under which a specialist may act as a PCP and how to ask for one (for example, call Member Services*).] You can choose any PCP in our network who is accepting new members.

[*Insert if applicable and modify if needed*: Our plan’s PCPs are affiliated with medical groups. When you choose your PCP, you are also choosing the affiliated medical group. This means that your PCP will be referring you to specialists and services that are also affiliated with their medical group.

* If there is a particular specialist or hospital that you want to use, it is important to find out if they are affiliated with your PCP’s medical group. You can look in this Directory, or ask <plan name> Member Services to check if the PCP you want makes referrals to that specialist or uses that hospital.
* If you don’t stay within your PCP’s medical group, <plan name> may not cover the service.]
* To choose a PCP, refer to the list of [*insert term the plan uses (for example,* providers, physicians)] in section <section letter> and choose a [*insert term the plan uses* (*for example,* provider *or* physician)]:
* that you use now, **or**
* who has been recommended by someone you trust, **or**
* whose offices are easy for you to get to.

[*Plans may modify the bullet text listed above or add additional language as appropriate. Plans should further explain directions for choosing a PCP in the context of their plan type*.]

* If you do not choose a PCP in our network, <plan name> will choose one for you.
* If you want help in choosing a PCP, please call Member Services at [*plans insert reference:* <toll-free phone and TTY numbers> or the numbers listed at the bottom of this page or the numbers in the footer of this document], <days and hours of operation>. The call is free. Or, visit <URL>. [*Plans may add contact information for Video Relay or other accessible technology*.]
* If you have questions about whether any service or care that you want or need is covered, talk to your Care Team or call Member Services [*plans may insert reference:* at <toll-free phone and TTY numbers> or at the numbers listed at the bottom of this page or at the numbers in the footer of this document] and ask **before** you get the service or care.

## B4. Long-term Services and Supports (LTSS) providers

As a <plan name> member, you will be able to get Long-term Services and Supports (LTSS) if you need them, such as [*insert examples with explanations of services available to members*]. LTSS help people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. LTSS is available to members who meet certain clinical and financial requirements.

If you need LTSS your Care Coordinator can help you and your Care Team determine what options are available to support you in the way you want.

## B5. How to access <plan name>’s network providers

[*Plans should delete this paragraph if they don’t require referrals for any services*.] You may need a referral for someone who is not a PCP [*insert term the plan uses (for example, Provider or Physician)*]. There is more information about referrals in section B1.

[*HMO plan types must include the following language through the end of the section*.] You must get all of your covered services from providers within our network [*insert if applicable*: that are affiliated with your PCP’s medical group]. If you use providers who are not in <plan name>’s network [*insert if applicable*: and are not affiliated with your PCP’s medical group] **(without prior authorization), you may have to pay the bill.**

A prior authorization is an approval from <plan name> to seek services outside of our network or to get services not routinely covered by our network before you get the services.

The only exceptions to this rule are when you need urgent or emergency care or dialysis and cannot get to a provider in the plan, such as when you are away from home. [*Plans may insert additional exceptions as appropriate*.] You can also go outside the plan [*insert if applicable*: or your PCP’s medical group] for other non-emergency services if <plan name> gives you permission first.

* You may change providers within the network at any time during the year. If you have been using one network provider, you do not have to keep using that same provider. [*Plans should modify or add language with plan-specific rules about PCP changes. Plans should include the following language if appropriate:* For some providers, you may need a referral from your PCP.]
* [*Insert if applicable:* Remember, our plan’s PCPs are affiliated with medical groups. If you change your PCP, you may also be changing medical groups. When you ask for the change, be sure to tell Member Services if you are using a specialist or getting other covered services that require PCP approval. Member Services will help make sure that you can continue your specialty care and other services when you change your PCP.]
* <Plan name> works with all the providers in our network to accommodate the needs of people with disabilities. As applicable, the list of network providers in this Directory includes information about the accommodations they provide.
* If you need a provider and are not sure if they offer the accommodations you need, <plan name> can help you. Talk to your [*insert as applicable*: care team, care coordinator, patient navigator, or other appropriate reference] for assistance.

# C. <Plan Name>’s List of Network Providers

This part of the Directory includes a list of <plan name>’s network providers who participate in and accept <plan name>. It contains:

* **Health care professionals** including primary care providers, specialists, [*plans may insert reference, as applicable:* behavioral health providers, dental service providers, and vision service providers];
* **Facilities** including hospitals, nursing facilities, and [*plans may insert reference, as applicable:* behavioral health facilities]; and
* **Support providers** including [*plans may insert reference, as applicable*: Long-term Services and Supports (LTSS) (for example, adult day health) and community support services (for example, peer supports)]. [*Plans may modify this bullet to list additional examples of LTSS covered by the plan*.]

Cultural competence training is additional instruction for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.

[*Plans should describe how an enrollee can find a network provider nearest his or her home relative to the organizational format used in the Directory. Please refer to the recommended organization later in this section.* *Suggested language includes:* Providers are listed in alphabetical order by last name. You can also find the provider’s name and the page where the provider’s additional contact information is in the Index at the end of the Directory. Providers are listed in alphabetical order by last name in the Index. In addition to contact information, provider listings also include specialties and skills, such as languages spoken (including American Sign Language (ASL)) or completion of cultural competence training.]

[*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. Plans should add as many categories as necessary to list all providers for each covered service*.]

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

[*Plans have the option to move general pharmacy information from* ***Section D*** *to appear here before provider listings begin*.]

**Recommended organization:** [*Plans are required to include all of the following fields but have discretion regarding the organizational layout used. If the plan opts to use universally accepted symbols to indicate accessibility, special services, or other characteristics, a legend must be provided. Plans are not required to include the legend on every page, but plans must provide a general footnote on every page stating:* You can find information on what the symbols mean by referring to [*insert description of where information is available*].]

1. **Type of Provider** [*Plans are required to include PCPs, specialists, hospitals, nursing facilities and skilled nursing facilities, behavioral health providers, and LTSS providers. Plans are permitted to list nursing facilities and skilled nursing facilities together under the same provider type category*.]
2. **County** [*List alphabetically*.]
3. **City** [*List alphabetically*.]
4. **Neighborhood/Zip Code** [Optional: *For larger cities, plans may further subdivide providers by zip code or neighborhood*.]
5. **Provider** [*List alphabetically*.]

[*Insert if applicable*: The providers in this Directory are organized alphabetically by medical group. You may get services from any of the providers on this list [*insert if applicable*: that are affiliated with your PCP’s medical group]. [*Plans should include the following language if referrals or prior authorizations are required under the plan*: For some services, you may need a referral from your PCP or prior authorization from <plan name>.]]

[*Note: The following pages contain Directory requirements and sample formatting for provider types. Some provider types may include both health care professionals and facilities (for example, Mental Health). Some provider types, particularly in the support provider category, may include either health care professionals (for example, Consumer-Directed Services, Home Health Agencies) or facilities (for example, Nursing Facility). Plans should list all providers of the same type in the same category, regardless if the providers are facility or non-facility based (for example, the Behavioral Health Provider section should include both individual providers and facilities). 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 for each provider with more than one address in the Directory*.]

[*In order to identify Medicare providers that accept Medicaid, plans have the option to include a global statement at the beginning of the provider listing section or include a symbol next to each provider to note that they participate in Medicaid. The global statement is: “All providers in this provider directory accept both Medicare and Medicaid.” Those plans that choose not to use a global statement need to place a Medicaid symbol next to each provider*.]

[*Plans are encouraged to position a symbol legend at the beginning of the Directory, include an abbreviated version of the symbol legend in the footer of every other page of the listings, and consider using three-column tables in provider listings to optimize visibility and space. Symbols must be able to be read by a screen reader.*]

**[*Below is sample formatting for health care professionals and non-facility based LTSS provider types; plans create a separate section for each provider type*.]**

## C1. <Provider Type> [*(for example, insert:* Primary Care Physicians, Specialists – Cardiology, LTSS Providers – Home Health Agencies)]

<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 (for example, days and hours of operation, public transportation route and types, non-English languages (including ASL)).*]

[*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*.]

[*Include URLs, as appropriate*.]

[*Indicate if the provider is accepting new <plan name> members as of the Directory’s date of publication, and include if applicable: You may also contact the provider directly to find out if they are accepting new <plan name> members as patients. If a preferred provider is not accepting new patients, <plan name> will assist you in finding an alternative provider.*]

[*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 provide*r.]

[*List cultural and linguistic capabilities (e.g. languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices). 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 (for example, 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 if the provider offers covered services via telehealth. Plans may use abbreviations or symbols*.]

[*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 (or provider practices) that offer services exclusively via telehealth (those accessible through a downstream contracted telehealth company or similar downstream entity should be listed as such);*
* *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 by the plan.*
* *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 or residential facilities; locations where the provider only has admitting privileges, only treats inpatients, or exclusively reads tests at the location).*
* *List locations where a provider may practice only occasionally (e.g., locations where the provider is covering for other providers or locations within the practice where the provider does not regularly see patients).*]

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

[Optional: *Indicate if the provider’s location is on a public transportation route. If included, plans may satisfy with a Yes/No indicator or a link to a third-party resource (for example, Google Maps, Walk Score). If using a third-party resource, plans should clearly label the indicator field or link as “Public transportation.” Plans should also ensure any links to third-party resources provide clear and simple instructions about how to use the resource, take enrollees directly to the public transportation option (instead of driving or walking options), and include the provider’s specific address*.]

[Optional: *Include public transportation types (for example, bus, rail, boat). Plans may use abbreviations or symbols if a key is included in the Directory*.]

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

[*Include Provider name as well as any group affiliation (individual practitioner, clinic or agency as appropriate) including primary care physicians, specialists and hospitals*.]

**[*Below is sample formatting for facility or facility-based provider types; plans create a separate section for each provider type*.]**

## C2. <Facility or Facility-based Provider Type> [(*for example, insert*: Hospitals, Nursing Facilities, LTSS Providers – Adult Day Health)]

[Note: *Plans that include all nursing facilities in one type may indicate what kind of nursing facility it is (for example, skilled, long-term care, or rehabilitation) and may do so either after the type or after the facility name (for example, Nursing Facilities – Skilled or <Facility Name> - Rehabilitation). 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: 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 (for example, non-English languages (including ASL)).*]

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

[*Include URLs, as appropriate*.]

[*List cultural and linguistic capabilities (e.g. languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices) 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 (for example, 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 if the provider offers covered services via telehealth. Plans may use abbreviations or symbols*.]

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

[Optional: *Include other credentials and/or certifications*.]

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

[Optional: *Indicate if the facility is on a public transportation route. If included, plans may satisfy with a Yes/No indicator or a link to a third-party resource (for example, Google Maps, Walk Score). If using a third-party resource, plans should clearly label the indicator field or link as “Public transportation.” Plans should also ensure any links to third-party resources provide clear and simple instructions about how to use the resource, take enrollees directly to the public transportation option (instead of driving or walking options), and include the facility’s specific address*.]

[Optional: *Include public transportation types (for example, bus, rail, boat). Plans may use abbreviations or symbols if a key is included in the Directory*.]

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

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

[*States may provide additional guidelines for implementing the above instructions to comply with state-specific requirements*.]

[*Plans have the option to move the following general pharmacy information from* ***Section D*** *before provider listing requirements begin*.]

# D. Background Information about <Plan Name>’s Network Pharmacies

This Directory lists the pharmacies that you may use to get your prescription drugs. These are referred to as **network pharmacies** in this Directory. These network pharmacies are pharmacies that **participate in and accept** <plan name> and have agreed to provide prescription drugs to you as a member of the plan.

While most of the prescription drugs you get from a pharmacy are covered by <plan name>, other drugs may be covered by Wisconsin Medicaid. This can include some over-the-counter medications and certain vitamins. For drugs covered by Wisconsin Medicaid, please visit the ForwardHealth website [www.dhs.wisconsin.gov/forwardhealth/resources.htm](http://www.dhs.wisconsin.gov/forwardhealth/resources.htm) for more information. You can also call the ForwardHealth Member Service Center at 1-800-362-3002 and TTY 711 (Wisconsin Relay). Please bring your ForwardHealth Card when getting prescriptions through Wisconsin Medicaid.

[*Plans may modify the following:* Please contact <plan name> Member Services at [*plans insert reference*: <toll-free phone and TTY numbers> *or* the numbers listed at the bottom of this page or the numbers in the footer of this document] or your Care Coordinator for assistance.]

[*If a plan lists pharmacies in its network but outside the service area, insert:* We also list pharmacies that are in our network but are outside <geographic area> in which you live. You may also fill your prescriptions at these pharmacies. Please contact <plan name> at <toll-free number>, <days and hours of operation>, for additional information.]

<Plan name> members must use network pharmacies to get prescription drugs except in emergency or urgent care situation.

* If you use an out-of-network pharmacy for prescriptions when it is not an emergency, you will have to pay out of pocket for the service.
* Read the <plan name> *Evidence of Coverage* for more information.

This Directory may not list all network pharmacies. We may have added or removed some network pharmacies from our plan after we published this Directory

For up-to-date information about <plan name> network pharmacies in your area, please visit our website at <URL> or call Member Services at [*plans insert reference:* <toll-free phone and TTY numbers> *or* the numbers listed at the bottom of this page *or* the numbers in the footer of this document], <days and hours of operation>. The call is free. [*Plans may add contact information for Video Relay or other accessible technology.*]

To get a complete description of your prescription coverage, including how to fill your prescriptions, please read the *Evidence of Coverage* and <plan name>’s *List of Covered Drugs*. [*Insert information about where members can find the List of Covered Drugs.*]

## D1. Types of pharmacies in <plan name>’s network

Along with retail pharmacies, your plan’s network of pharmacies includes:

* [*Plans should insert only if they include mail-order pharmacies in their network.*] Mail-order pharmacies send covered prescription drugs to members through the mail or shipping companies.
* Home infusion pharmacies prepare prescription drugs that are given through a vein, within a muscle, or in another non-oral way by a trained provider in your home.
* Long-term care (LTC) pharmacies serve residents of long-term care facilities, such as nursing homes.
* [*Plans should insert only if they include I/T/U pharmacies in their network.*] Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies
* [*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*.]

You are not required to continue using the same pharmacy to fill your prescriptions.

## D2. Long-term supplies of prescriptions

[*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:*

* Mail-Order Programs. We offer a mail-order program that allows you to get up to a <number>-day supply of your prescription drugs sent directly to your home. [*Insert if applicable in the state:* A <number>-day supply has the same copay as a one-month supply.]
* <number>-Day Retail Pharmacy Programs. Some retail pharmacies may also offer up to a <number>-day supply of covered prescription drugs. [*Insert if applicable in the state:* A <number>-day supply has the same copay as a one-month supply.]]

**[*Plans have the option to move the pharmacy listing requirements in Section E to appear after the provider listing requirements ending in Section C*.]**

# E. <Plan Name>’s List of Network Pharmacies

This part of the Directory includes a list of <plan name>’s network pharmacies that **participate in and accept** <plan name>. [*Plans should describe how an enrollee can find a network pharmacy nearest his or her home relative to the organizational format used in the Directory. Please refer to the recommended organization below*.]

**Recommended organization:** [*Plans are required to include all of the following fields but have discretion regarding the organizational layout used. If the plan opts to use universally accepted symbols to indicate accessibility, special services, or other characteristics, a legend must be provided. Plans are not required to include the legend on every page, but plans must provide a general footnote on every page stating: You can find information on what the symbols mean by referring to* [*insert description of where information is available*].]

1. **Type of Pharmacy** [*Plan, Mail-order, Home Infusion, LTC, I/T/U*]
2. **State** [*Include only if Directory includes multiple states*.]
3. **County** [*List alphabetically*.]
4. **City** [*List alphabetically*.]
5. **Neighborhood/Zip Code** [Optional: *For larger cities, pharmacies may be further subdivided by zip code or neighborhood*.]
6. **Pharmacy** [*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: You can use any of the pharmacies in our network. 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 Directory, include an abbreviated version of the symbol legend in the footer of every other page of the listings, and consider using three-column tables in pharmacy listings to optimize visibility and space*.]

## E1. Retail and chain pharmacies

<State> | <County>

<City/Town><Zip Code>

<Pharmacy Name>

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

<Phone Number>

[Optional: *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 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. Plans may add contact information for Video Relay or other accessible technology. All information required above must be available to the member by calling the pharmacy or the plan’s toll-free Member Services telephone line*.]

## E2. *Include if applicable*: Mail-order pharmacy(ies)

[*Include if applicable*: You can get prescription drugs shipped to your home through our network mail-order delivery program [*plans may insert*: which is called <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:* You also have the choice to sign up for automated mail-order delivery [*plans may insert:* through our <name of program>].] [*Plans have the option to insert either “business” or “calendar” or neither in front of “days” in the following sentence*: Typically, you should expect to get your prescription drugs [*insert as applicable*: within <number> days or from <number> to <number> days] from the time that the mail-order pharmacy gets the order. If you do not get your prescription drug(s) within this time, [*insert as applicable*: if you would like to cancel an automatic order,] or if you need to ask for a refund for prescriptions you got that you did not want or need, please contact us at <toll-free number>. TTY: <phone number>. To learn more about mail-order pharmacies, refer to Chapter 5 of the Evidence of Coverage, [*plans may insert reference, as applicable*].]

<State> | <County>

<City/Town><Zip Code>

<Pharmacy Name>

<Toll-free number>  
<TTY number>

[Optional: *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. Home infusion pharmacies

[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>

[Optional: *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. Long-term care pharmacies

Residents of a long-term care facility, such as a nursing home, may access their prescription drugs covered under <plan name> through the facility’s pharmacy or another network pharmacy. To learn more about drug coverage in special cases, refer to Chapter 5 of the *Evidence of Coverage,* [*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>

[Optional: *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. Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies [Note: *This section applies only if there are I/T/U pharmacies in the service area*.]

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through <plan name>’s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to use these pharmacies under limited circumstances (for example, emergencies).

[*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>

[Optional: *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. Network pharmacies outside the <geographic area> [Note: *This category is optional for plans to include*.]

You can get your drugs covered at any of our network pharmacies. This includes our network pharmacies outside of our service area.

<State> | <County>

<City/Town><Zip Code>

<Pharmacy Name>

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

<Phone Number>

[Optional: *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>

[Optional: *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*.]

# F. Index of Providers and Pharmacies [Note: *this category is optional for plans to include*.]

## F1. Providers

[*Plans must alphabetize entries by provider’s last name*.]

## F2. Pharmacies

[*Plans must alphabetize entries*.]