**Instructions to Health Plans**

* [*Distribution Note: Enrollment – Plans must provide a Provider and Pharmacy Directory or information about how to access or get 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 state-specific guidance provided by New Jersey’s Division of Medical Assistance and Health Services (DMAHS)* *for detailed instructions.*]
* [*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.*]
* [*As provided under 42 CFR Section 438.10(h)(4), plans must make Directory content related to providers of Medicaid 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. Plans may include the Material ID only on the cover page.*]
* [*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 requirements of the Medicare Advantage and Section 1876 Cost Plan Provider Directory Model and Chapter 5 of the Medicare Prescription Drug Benefit Manual. Plans may publish separate primary care and specialty directories if both directories are made available to enrollees at the time of enrollment and throughout the contract year*.]
* [*If plans do not use the term “Member Services,” plans should replace it with the term the plan uses.*]
* [*Where the template instructs inclusion of 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 should indicate that the Directory includes providers of both Medicare and 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 §§ 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 Section 438.10(h)(4), plans must make Directory content related to providers of NJ FamilyCare and New Jersey FIDE SNP 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.*]
* [*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 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, Managed Long Term Services and Supports (MLTSS)).*
* *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 lists all the plan’s providers and pharmacies as of the date of this Directory. The listings contain provider and pharmacy address and contact information as well as other details, as applicable, such as days and hours of operation, 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 plans add plan-customized information to this template.*]

**Table of Contents**

[A. Disclaimers 6](#_Toc166832253)

[B. Background Information about <Plan name>’s Network Providers 8](#_Toc166832254)

[B1. Key terms 8](#_Toc166832255)

[B2. Wait times for primary care and behavioral health 9](#_Toc166832256)

[B3. How to choose a Primary Care Provider/PCP 10](#_Toc166832257)

[B4. How to get Managed Long Term Services and Supports (MLTSS) 10](#_Toc166832258)

[B5. How to access <plan name>’s network providers 11](#_Toc166832259)

[B6. How to find <plan name> providers in your area 12](#_Toc166832260)

[C. <Plan name>’s List of Network Providers 13](#_Toc166832261)

[C1. <Provider Type> [*(for example, insert:* Primary Care Physicians, Specialists – Cardiology, Support Providers – Home Health Agencies*)*] 15](#_Toc166832262)

[C2. <Facility or Facility-based Provider Type> [*(for example, insert:* Hospitals, Nursing Facilities, Support Providers – Home-Delivered Meals*)*] 18](#_Toc166832263)

[C3. Support Providers – Managed Long Term Services and Supports (MLTSS) Providers 21](#_Toc166832264)

[D. Background Information about <Plan name>’s Network Pharmacies 22](#_Toc166832265)

[D1. Types of pharmacies in <plan name’s> network 22](#_Toc166832266)

[D2. Long-term supplies of prescriptions 23](#_Toc166832267)

[E. <Plan name>’s List of Network Pharmacies 24](#_Toc166832268)

[E1. Retail and chain pharmacies 25](#_Toc166832269)

[E2. [*Include if applicabl*e*:* Mail-order pharmacy(ies)] 26](#_Toc166832270)

[E3. Home infusion pharmacies 27](#_Toc166832271)

[E4. Long-term care pharmacies 28](#_Toc166832272)

[E5. Network pharmacies outside the <geographic area> [*Note: This category is optional for plans to include*.] 29](#_Toc166832273)

[**F.** [**Index of Providers and Pharmacies**] [***Note****: this category is optional for plans to include.*] 31](#_Toc166832274)

[F1. Providers 31](#_Toc166832275)

[F2. Pharmacies 31](#_Toc166832276)

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 New Jersey’s Division of Medical Assistance and Health Services (DMAHS).*]
* [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) that you may use as a <plan name> member. This Directory also lists Managed Long Term Services and Supports (MLTSS) 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.
* We will refer to these groups 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.*]

* [*Plans that meet the Medicare 5 percent alternative language or Medicaid required language threshold insert:* This document is available for free in <language(s).>]
* You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services [*plans 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]. [*The text of this bullet point must be in print no smaller than 18 point font.*]
* [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 for reader, for example:* 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 <Internet address> 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].
* 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>.
* [*If plan includes an Index for Providers and for Pharmacies, insert:* 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 also include information about the integrated individual care plans developed for each member as applicable to the model of care.*]

This section explains key terms you’ll find in our *Provider and Pharmacy Directory*.

* **Providers** are health care professionals and support providers such as doctors, nurses, pharmacists, therapists, and other people who provide care and services. **Services** include medical care, Managed Long Term Services and Supports (MLTSS), supplies, prescription drugs, equipment, and other services.
  + The term **providers** also includes facilities such as hospitals, clinics, and other places that provide medical services, medical equipment, and MLTSS.
  + 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. [*Plans may delete the next sentence if it is not applicable.*] The providers in our network generally bill us directly for care they give you. When you use a network provider, you pay nothing for covered services.
* **A Primary Care****Provider****(PCP)** is a [*plans should include examples as they see fit*] who gives you routine health care. YourPrimary Care Provider/PCPwill keep your medical records and get to know your health needs over time. [*Plans should include this sentence if applicable to plan arrangement:* YourPrimary Care Provider/PCP will also give you a **referral** if you need to use 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 should delete this paragraph if they don’t require referrals for any services*.*] You may need a **referral** to use a specialist or someone that is not your Primary Care Provider/PCP. A **referral** means that your Primary Care Provider/PCP must give you approval before you can use someone that is not your Primary Care Provider/PCP. If you don’t get a referral, <plan name> may not cover the service.
  + Referrals from your network Primary Care Provider/PCP 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;
    - services from a women’s health specialist.
    - Open Access Services - These are services for which you can choose any provider even if not in our network. An example of an Open Access Service is screening for sexually transmitted infections.
    - [*Plans may insert additional exceptions as appropriate.*]
  + More information on referrals is available in Chapter 3 of the *Evidence of Coverage* [*plans may insert reference, as applicable*].
* You also have access to a**Care Manager** and a **Care Team** that you choose**.**
  + A **Care Manager** helps you manage your medical providers and services.
  + Your **Care Team** [*insert description of the care team as appropriate to the plan*]. Everyone on your care team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once and the results are shared with the appropriate providers. It also means that your Primary Care Provider/PCP should know all medicines you take so that they can reduce any negative effects. Your Primary Care Provider/PCP will always get your permission before sharing your medical information with other providers.

## 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 Provider/PCP

You can get services from any provider who is in our network and accepting new members.

When you become a member of our plan, you will choose a Primary Care Provider/PCP who is part of our plan network. This provider will be your Primary Care Provider/PCP. You may be able to have a specialist act as your Primary Care Provider/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.

If you did not choose a Primary Care Provider/PCP or would like to make a change to your Primary Care Provider/PCP, use the list of providers in Section <section letter> and choose a provider:

* that you use now, **or**
* who has been recommended by someone you trust, **or**
* whose offices are easy for you to get to.

If you do not choose a PCP in our network, <plan name> will choose one for you.

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

* If you want help in choosing a PCP, call Member Services [*plans may insert reference for reader, for example:* 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].
* If you have questions about whether we will pay for any medical service or care that you want or need, call Member Services and ask before you get the service or care.

B4. How to get Managed Long Term Services and Supports (MLTSS)

You may be able to get MLTSS as a <plan name> member. MLTSS is help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often, these services are provided at your home or in your community, but they can also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.

You can talk to your Care Manager or call Member Services [*plans may insert reference for reader, for example:* 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] to find out if you are eligible for MLTSS.

[*Plans should insert one of the following:*

[*Plan should describe how enrollees can ask for a listing of MLTSS providers.*] To find out more about MLTSS services, refer to your *Evidence of Coverage*. Call Member Services at [*insert reference for reader, for example:* <toll-free phone and TTY numbers>, the numbers listed at the bottom of this page, the numbers in the footer of this document] to get more information on how to access these services.

*or*

MLTSS providers are listed in this *Provider and Pharmacy Directory*. To find out more about these services, refer to your *Evidence of Coverage*. Call Member Services [*plans may insert reference for reader, for example:* 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] to get more information on how to access these services*.*]

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 to use someone who is not a Primary Care Provider/PCP. There is more information about referrals in Section B1 of this Directory.

[*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. If you use providers who are not in <plan name>’s network **(without prior authorization), you may have to pay for those services.**

A prior authorization is an approval from <plan name> before you can get a specific service, drug, or use an out-of-network provider. <Plan name> may not cover the service or drug if you don’t get approval.

The 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 use providers outside the plan 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.]
* <Plan name> works with all the providers in our network to accommodate the needs of people with disabilities. If you need to use a provider and are not sure if they offer the accommodations you need, <plan name> can help you. Talk to your [*insert:* Care Team*,* Care Manager*, or other appropriate reference*]for assistance.

B6. How to find <plan name> providers in your area

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

**How to access out-of-network providers**

[*Describe how to access care from out-of-network providers, including which services are covered when accessed out-of-network. Include instructions to enrollees that, in cases where non-contracting providers submit a bill directly to the enrollee, the enrollee should not pay the bill, but submit it to the plan for processing and determination of enrollee liability*.]

**How to access specialty providers**

[*Describe how to access and get information about specialty care. Also, include information about whether there are referral or authorization requirements*.]

You can get additional information on how to access specialty care by calling Member Services [*plans may insert reference for reader, for example:* 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].

**How to find a network pharmacy**

The Pharmacy section lists pharmacy providers and is located [*insert reference*]. You may also call Member Services [*plans may insert reference for reader, for example:* 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].

**How to determine if a facility is accessible**

Providers were asked to complete a questionnaire about accessibility in three areas: parking, entryways and other relevant spaces, and office exam rooms and equipment. Responses to the questionnaire are included in the provider listings.

If you need more information about access options, you can get <a listing/information> by calling Member Services [*plans may insert reference for reader, for example:* 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].

This could include, but is not limited to, information such as availability of flexible hours or wheelchair access.

**How to access <interpreters/Interpreter Services/information in other languages>**

Hearing and language interpreter services are available to help you get services. You can get free oral interpretation in your language. You can also get written information in your language. [*Explain how enrollees can access interpreter services.*]

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 physicians, specialists, mental health and substance use disorder treatment providers (behavioral health), and dentists [*insert any other types of health care professionals the plans are required to include*]; [and]
* **Facilities,** including hospitals, nursing facilities, mental health facilities, IHS and Tribal facilities and clinics, and[*insert any other types of facilities the plans are required to include*] [; and *or* .]
* **MLTSS providers,** including adult day services, assisted living, home-delivered meals, home health agencies, and [*insert any other types of support providers the plans are required to include*].

Providers are listed in alphabetical order by last name. [*Insert if applicable*: 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 also 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 or completion of cultural competence training.

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 their home relative to the organizational format used in the Directory. Refer to the recommended organization later in this section.*]

[***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 (for example, PCP, specialist, hospital, etc.).*]

[*Plans have the option to move general pharmacy information from pages 18-19 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.*]

1. **Type of Provider** [*Plans are required to include PCPs, Specialists, Hospitals, Nursing Facilities and Skilled Nursing Care, and Behavioral Health (Mental Health and Substance Use Disorder Treatment) Providers.*]
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.*]

You may get services from any of the providers on this list. [*Plans should include the following language if referrals are required under the plan:* For some services, you may need a referral from your 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 (for example, Mental Health). Some provider types, particularly in the support provider category, may include* ***either*** *health care professionals (for example, Home Health Agencies)* ***or*** *facilities (for example, Adult Day Services, Home-Delivered Meals). 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 addition to text, plans may include symbols. If symbols are used, the plan must include a written key describing the symbols. Symbols must be able to be read by a screen reader.*]

[*Plans should* *consider using three-column tables in provider listings to optimize visibility and space.*]

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

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

**<State> | <County>**

<City/Town><Zip Code>

<Provider Name>

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

<Phone Number> [*Also insert fax number, if available.*]

[***Note:*** *Where* ***all*** *health care professionals and non-facility based support providers in the plan’s network meet one or more requirements (for example, they have completed cultural competence training), the plan may insert a prominent statement to that effect at the beginning of the provider listings rather than indicating the requirement(s) at the individual provider level throughout. 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)).*]

[***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:* Call Member Services [*plans may insert reference for reader, for example:* 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] if you need information about access to language line interpreters.]

[*List* ***Specialists*** *separately within the Directory or at the clinic level.*]

[*Include Internet addresses, as appropriate.*]

[*Indicate if the provider offers covered services via telehealth. Plans may use abbreviations or symbols*.]

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

[*Indicate if the provider is accepting new patients 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 patients.]

[*Insert board certification and/or hospital affiliation, as applicable.*]

[*List any non-English languages (including ASL) spoken by the provider or offered onsite by skilled medical interpreters. As applicable, indicate if the provider has access to language line interpreters. Plans may use abbreviations or symbols if a key is included in the Directory.*]

[*Indicate if the provider has completed cultural competence training. List any specific cultural competencies the provider has (e.g. languages spoken, languages offered, interpreter/translation services offered, sensitivity to cultural health beliefs/practices).*]

[*Include specific accommodations at the provider’s location for individuals with physical disabilities including parking, entry ways and other relevant spaces, and office exam rooms and equipment. Plans may use abbreviations or symbols for each type of accommodation if a key is included in the Directory. The requirement for including accommodations for individuals with physical disabilities is not applicable to Support Providers – Home Health Agencies.*]

[*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 has expertise in treating patients with opioid use disorder (OUD*).]

[*States may provide additional instructions for plans in order to meet state-specific requirements*.]

[*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, Support Providers – Home-Delivered Meals*)*]

[***Note:*** *For nursing facilities, plans 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> [*Also insert fax number, if available.*]

[***Note:*** *Where* ***all*** *facilities and facility-based providers in the plan’s network meet one or more requirements (for example, they have completed cultural competence training), the plan may insert a prominent statement to that effect at the beginning of the provider listings rather than indicating the requirement(s) at the individual facility level throughout. 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)).*]

[***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:* Call Member Services [*plans may insert reference for reader, for example:* 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] if you need information about access to language line interpreters.]

[*Include Internet addresses, as appropriate.*]

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

[*Indicate if the provider is accepting new patients as of the Directory’s date of publication.*]

[*Insert board certification and/or hospital affiliation, as applicable.*]

[*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.*]

[*Indicate if the provider offers covered services via telehealth. Plans may use abbreviations or symbols*.]

[*Include specific accommodations at the provider’s facility for individuals with physical disabilities including parking, entry ways and other relevant spaces, and office exam rooms and 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 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 pages 19-20 to page 13 before provider listing requirements begin.*]

[*Insert any additional state-specific requirements or categories as required by the state.*]

## C3. Support Providers – Managed Long Term Services and Supports (MLTSS) Providers

[*List MLTSS providers alphabetically by county of service with provider name, type of service(s) offered, and city, with or without addresses and telephone numbers. Add a statement that describes services provided and how to access these services. List a toll-free number that enrollees can call for information. Organize listings by county, statewide, or an area of the state. Update the separate list of MLTSS providers annually.*]

[*Indicate if the provider is accepting new patients as of the Directory’s date of publication.*]

[*List any non-English languages (including ASL) spoken by the provider or offered onsite by skilled medical interpreters. As applicable, indicate if the provider has access to language line interpreters. Plans may use abbreviations or symbols if a key is included in the Directory.*]

[*Indicate if the provider has completed cultural competence training. Optional: List any specific cultural competencies the provider has.*]

[*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.*]

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

This part of the Directory provides a list of pharmacies in <plan name>’s network. These network pharmacies are pharmacies that have agreed to provide prescription drugs to you as a member of the plan.

[*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 [*insert reference for reader, for example:* <toll-free phone and TTY numbers>, the numbers listed at the bottom of this page, the numbers in the footer of this document].]

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

* 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, visit our website at <Internet address> or call Member Services [*plans may insert reference for reader, for example:* 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].

To get a complete description of your prescription coverage, including how to fill your prescriptions, read the *Evidence of Coverage* and <plan name>’s *List of Covered Drugs* (Drug List). [*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 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.

You can use any of the pharmacies in our network.

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.
* **<number>-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a <number>-day supply of covered prescription drugs.

E. <Plan name>’s List of Network Pharmacies

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

You can use any of the pharmacies in our network.

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

**1. Type of Pharmacy** [*Retail, Mail-Order, Home Infusion, LTC*]

**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 include the name, address, and telephone number of the pharmacies.*]

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

E1. Retail and chain pharmacies

<State> | <County>

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

**<Pharmacy Name>**

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

<Phone Number>

[*Optional: Include Internet and email 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 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 applicabl*e*:* 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:*, or if you would like to cancel an automatic order,] 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 Internet and email 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.*]

[*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 Internet and email 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.*]

[*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 Internet 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.*]

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

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

E5. 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 Internet and email 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.*]

[*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 Internet and email 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.*]

[*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.*]

[*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. Providers

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

## F2. Pharmacies

[Plans must present entries in alphabetical order.]