# **CY 2019** 年 Medicare Advantage 與 1876 條付費計劃

# 醫療服務提供者目錄範本

**[Name of Plan]  
[HMO / PPO / RPPO /付費/ PFFS / MSA] 計劃  
醫療服務提供者目錄**

本目錄最後更新於 [Month DD, YYYY]。

本目錄提供 [Plan Name] 的最新網絡內醫療服務提供者清單。

本目錄適用於[provide a description of the plan’s service area or geographic sub-set of service area that the directory is for]。

[For hardcopy directories, insert: 如需獲取 [Plan Name] 的線上醫療服務提供者目錄，您可以瀏覽 [Web address]。] 如對本目錄中所述的資訊有任何疑問，請致電我們的[客戶/會員]服務部，電話：[phone number]，服務時間為：[days and hours of operation]。 [聽障/語障]人士可致電 [TTY or TDD number]。

*[Insert availability of alternate formats, in accordance with section 504 of the Rehabilitation Act of 1973 (45 CFR Part 84)]*

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## 第 1 節 – 簡介

本目錄提供 [Plan Name] 的網絡內醫療服務提供者清單。如需瞭解您的醫療護理承保的詳細資訊，請參閱您的承保範圍說明書 (EOC)。

[Use this introduction section to describe how enrollees should use this directory (e.g., how to select a PCP if your plan uses PCPs, explain sub-networks or certain providers used in MA uniformity flexibilities, if applicable, and describe which types of providers require a referral). Please refer to the instructions beginning on page i for more information. Use, delete, or modify the following based on your plan type.]

[Insert this paragraph if applicable:您將需要從本目錄列出的網絡內醫療服務提供者中選擇一位作為您的主治醫師 (**PCP**)。 一般而言，您必須從您的主治醫師處獲得醫療服務。] [Explain PCP in the context of your plan type.]

[Full-network PFFS plans insert: 我們有網絡內提供者提供 original Medicare 承保的所有服務[indicate if network providers are available for any non-Medicare covered services]。 您仍然可從未與我們計劃簽約的網絡外醫療服務提供者處獲取承保服務，前提是這些提供者同意接受我們計劃的付款條款與條件。您可瀏覽我們的網站： [insert link to PFFS terms and conditions of payment] 瞭解更多關於 PFFS 計劃付款的詳情。] [Indicate whether this PFFS plan has established higher cost sharing requirements for enrollees who obtain covered services from out-of-network providers.]

[Partial-network PFFS plans insert: 我們有網絡內提供者提供[indicate what category(ies) of services for which network providers are available]服務。您仍然可從未與我們計劃簽約的網絡外醫療服務提供者處獲取承保服務，前提是這些提供者同意接受我們計劃的付款條款與條件。您可瀏覽我們的網站： [insert link to PFFS terms and conditions of payment] 瞭解更多關於 PFFS 計劃付款的詳情。] [Indicate whether this PFFS plan has established higher cost sharing requirements for enrollees who obtain covered services from out-of-network providers.] [Note that in order to charge higher cost sharing when a PFFS enrollee obtains services from an out-of-network provider, the PFFS plan must meet current CMS network adequacy criteria for that specialty type.]

[Section 1876 Cost Plans must clearly explain that enrollees may use in-network and out-of-network providers and explain the benefit/cost sharing differentials between the use of in-network and out-of-network providers.]

列於本目錄的「網絡內醫療服務提供者」均同意為您提供[insert appropriate term(s): 醫療/眼科/牙科]服務。您可以前往本目錄所列的任何網絡內提供者處求診[；/。][Insert if applicable: 但是，某些服務可能需要轉診。] [Insert applicable details on referrals, per instructions beginning on page i.] [Insert, if applicable: 我們網絡有其他醫療服務提供者。] [Note: Modify the discussion in this section to reflect the access to services rules that apply to your plan type (e.g., HMO, PPO, etc.), such as closed panels, sub-networks, etc. If you do not require referrals, adjust the language appropriately. Please refer to the instructions beginning on page i for more information.]

[PFFS plans insert: [Plan Name] 不要求參保者或其醫療服務提供者先獲得轉診或計劃的授權，才能取得計劃承保的具有醫療必要性的服務。如果您對我們是否會支付您正在考慮接受的醫療服務或護理有任何疑問，您有權在接受該服務或護理之前詢問我們是否會給予承保。]

[PPO plans insert: 除非在緊急情況下，否則網絡外醫療服務提供者沒有義務為 [Plan Name] 的參保者提供治療。就我們是否會承保網絡外服務的決定而言，我們鼓勵您或您的提供者在您接受服務前，要求我們作出預先服務機構裁決。請致電我們的[客戶/會員]服務部，電話：[phone number]，服務時間為：[days and hours of operation]。 [聽障/語障]人士可致電 [TTY or TDD number]。 您還可參閱承保範圍說明書 (EOC) 瞭解更多資訊，包括適用於網絡外服務的分攤費用資訊。]

[Include any out-of-network or point-of-service (POS) options as appropriate.]

[Include instructions to enrollees that, in cases where out-of-network providers submit a bill directly to the enrollee, the enrollee should **not** pay the bill but should submit it to the plan for processing and determination of enrollee liability, if any.]

[Include instructions informing enrollees that they may obtain emergency services from the closest available provider, and they may obtain urgently needed services from any qualified provider when out of the plan’s service area or when network providers are unavailable.]

[HMO plans insert: 您必須使用網絡內醫療服務提供者，除非出現緊急醫療或急症治療護理情況[或是在服務區域外接受腎臟透析或其他服務]。若您透過網絡外醫療服務提供者取得常規護理，Medicare 和 [Plan Name] 均不負責該費用。

[PPO and POS plans must include information that, with the exception of emergencies, it may cost more to get care from out-of-network providers.]

### [Plan Name] 的服務區包含哪些？

屬於我們服務區的[郡 or 各郡] [for Regional Preferred Provider Organizations (RPPOs) only: 州 or 各州] [for plans with a partial county service area only: 部分郡/郵遞區號]列示如下。 [Optional: You may include a map of the area (in addition to listing the service area), and modify the prior sentence to refer readers to the map.]

[Insert plan service area listing. If approved for the entire county, use county name only. For approved partial counties, use county name and zip code (e.g., “county name, the following zip codes only: XXXXX…”)].

### 如何尋找您所在地區的 [Plan Name] 醫療服務提供者？

[Plans should describe how an enrollee can find a network provider nearest his or her home relative to the organizational format used in the provider directory.] [Note: RPPO plans must fully describe how enrollees residing in any non-network areas of their plan can access covered services at in-network cost sharing.]

如果您有關於 [Plan Name] 的疑問，[或在選擇主治醫師時需要獲得協助]，請致電我們的[客戶/會員]服務部，電話：[phone number]，服務時間為：[days and hours of operation]。 [聽障/語障]人士可致電 [TTY or TDD number]。 您還可瀏覽 [Web address]。

## 第 2 部分 – 網絡內醫療服務提供者清單

[Show all current contracted network providers for each type of provider (e.g., PCP, specialist, hospital, etc.). Optional: You may include other provider types in addition to the required types on pages 7-12.]

[Recommended organization:

**醫療服務提供者類型**（主治醫師、專科醫師（類型）、醫院、專業護理機構、門診心理健康醫療服務提供者和計劃提供門診處方藥的藥房（類型）。）

**州** (Include only if directory includes multiple states)

**郡** (Listed alphabetically)

**市** (Listed alphabetically)

**社區/郵遞區號** (Optional: For larger cities, providers may be further subdivided by zip code or neighborhood)

**醫療服務提供者名稱** (Listed alphabetically)

**Provider Details**]

[Note: Plans that offer supplemental services (e.g., vision, dental) must choose to either include these network providers in a directory combined with PCPs, etc. or in a separate provider directory.]

[For Dual Eligible Special Needs Plans (D-SNPs) only: Identify Medicare providers that accept Medicaid to assist dual eligible enrollees in obtaining access to providers and covered services. Plans have the option to include a global statement at the beginning of the network provider listing section or to provide a Medicaid indicator next to each provider. The global statement should state: 「本醫療服務提供者目錄中的所有提供者均接受 Medicare 和 Medicaid。」 Inclusion of the global statement signifies a model directory without modification. Those plans that choose not to use a global statement need to place a Medicaid indicator next to each provider (e.g., an asterisk and an accompanying footnote for all Medicare providers that participate in Medicaid also.) Inclusion of a Medicaid indicator next to each provider signifies a non-model directory with modification.

[Full and partial network PFFS plans must indicate, for each type of provider, whether the plan has established higher cost sharing requirements for enrollees who obtain covered services from out-of-network providers.]

### [Primary Care Providers (PCPs)]

[State]

[County]

[City]

[Zip Code]

[PCP Name]

[Accepting New Patients? Yes/No]

[PCP Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for PCP(s) that support electronic prescribing]

### [Specialists]

[Specialty Type]

[State]

[County]

[City]

[Zip Code]

[Specialist Name]

[Accepting New Patients? Yes/No]

[Specialist Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for specialist(s) that support electronic prescribing]

### [Hospitals]

[State]

[County]

[City]

[Zip Code]

[Hospital Name]

[Hospital Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for hospital(s) that support electronic prescribing]

### [Skilled Nursing Facilities (SNFs)]

[State]

[County]

[City]

[Zip Code]

[SNF Name]

[SNF Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for SNF(s) that support electronic prescribing]

### [Outpatient Mental Health Providers]

[State]

[County]

[City]

[Zip Code]

[Provider Name]

[Accepting New Patients? Yes/No]

[Provider Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for provider(s) that support electronic prescribing]

[All plans have the choice to either (1) list information on both providers and pharmacies in one combined document; or (2) provide two separate documents: a provider directory and a pharmacy directory.

In the list of pharmacies (whether appearing in a combined or single document), plans must identify or include those pharmacies that provide Part B drugs, if applicable.

註： Plans offering a Part D benefit, please refer to the Part D Model Pharmacy Directory for Part D requirements.]

### [Pharmacies]

[Type of pharmacy as applicable: 零售、郵購、居家輸液、長期護理 (LTC)、印第安醫療保健服務/部落/城區印第安醫療保健 (I/T/U)]

[State]

[County]

[City]

[Zip Code]

[Pharmacy Name]

[Pharmacy Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for pharmacy(ies) that support electronic prescribing]