**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. Refer to the State’s specific Marketing Guidance for detailed instructions.*]
* [*Plans are encouraged to make Directory content on their websites machine readable. As described in the 2017 Final Call Letter, machine readable is defined as a format in a standard computer language (not English text) that can be read automatically by a web browser or computer system.*]
* [*Plans may provide subdirectories (e.g., by specialty, by county) to enrollees if the subdirectory clearly states that the complete Directory of all of its providers and pharmacies is available and will be provided to enrollees upon request. Subdirectories must be consistent with all other requirements of section 60.4 of the Medicare Marketing Guidelines and section 60.4 of the State’s specific Marketing Guidance. Plans may publish separate primary care and specialty directories if both directories are made available to enrollees at the time of enrollment*.]
* [*Plans may add a Table of Contents at the beginning of the Directory.*]
* [Plans may add a cover page to the Directory. Plans may include the marketing ID only on the cover page.]
* [Plans should replace references to “Medicaid” with “MassHealth.”]
* [*If plans do not use the term “Member Services,” plans should replace it with the term the plan uses. If plans do not use the term “Care Coordinator,” 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/TDD number and days and hours of operation*.]
* [*Plans should note that the EOC is referred to as the “Member Handbook.” If plans do not use the term “Member Handbook,” plans should replace it with the term the plan uses.*]
* [*Plans that assign members to medical groups must include language as indicated in plan instructions throughout the Directory. If plans use a different term, they should replace “medical group” with the term they use.*]
* [*Plans should indicate that the Directory includes providers of both Medicare and MassHealth services.*]
* [*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 in the introduction. Plans have the option of deleting the footer following the introduction (e.g., the footer is not necessary in the list of providers).]

<Plan Name> | <year> Provider and Pharmacy Directory

* <Plan’s legal or marketing name> is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.
* The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
* Benefits [and/or copays] may change on January 1 of each year.
* This Directory lists health care professionals (such as doctors, nurse practitioners, and psychologists), facilities (such as hospitals or clinics), and support providers (such as Adult Day Health and Home Health providers) that you may see 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.*]
* You can get this information for free in Spanish or speak with someone about this information in other languages for free. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. [*The preceding sentence must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]
* You can get this information for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>*.* The call is free.
* [*Plans must also describe how members can make a standing request to get materials, now and in the future, in a language other than English or in an alternate 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 at <toll-free number> and we will help you.
* To get the most up-to-date information about <plan name>’s network providers in your area, visit <web address>or call Member Services at <toll-free phone and TTY/TDD numbers>, <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 on pages <page numbers>. Pharmacies in our network are listed on pages <page numbers>.

Providers

Getting started in <plan name>

[*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 you’ll see in our Provider and Pharmacy 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, 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 long-term services and supports.
  + Providers that are a part of our plan's network are called **network providers**.
* **Network providers** are the providers that have contracted with us to provide services to members in our plan. When you see a network provider, you usually [*insert as applicable:* pay nothing ***or*** pay only your share of the cost] for covered services.
* A **Primary Care**[*insert the term the plan uses* (*e.g.,* **Provider** *or* **Physician**)] (PCP) is a [*plans should include examples as they see fit*] 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 to see 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** to see 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 see the other provider. **Prior authorization** means that <plan name> must give you approval before we will provide coverage for a specific service, item, or drug or 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 see 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 Member Handbook.
* You will have a **Care Team** that you choose. Your **Care Team** [*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 Care Team 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 he or she can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers.

Members of your Care Team 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** [**Provider** or **Physician**]
  + A **Long Term Services and Supports (LTS) Coordinator** to help you find and access support services available to you in the community. Both the Care Coordinator and LTS Coordinator can work as a part of your Care Team to make sure you get the care you need.
* [*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 if you need to see a specialist or other health care provider. That way, you will see the right provider to help you with your concerns.]

Choosing a Primary Care [*insert term the plan uses (e.g.,* 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 (e.g.,* Provider *or* Physician)]. [*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 (e.g., 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 his or her medical group.

* If there is a particular specialist or hospital that you want to use, it is important to see if they are affiliated with your PCP’s medical group. You can look in this Directory, or ask <plan name> Member Services to check to see 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, go to the list of [*insert term the plan uses (e.g.,* providers, physicians)] on page <page number> and choose a [*insert term the plan uses (e.g.,* 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.*]

* When you first enroll in <plan name>, you can keep seeing your current PCP and your other providers for 90 days, or until you and your Care Team complete a comprehensive assessment of your needs and goals and develop your Individualized Care Plan. After that, 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 <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. Or, visit <web address>. [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 and ask **before** you get the service or care.

**Getting long-term services and supports**

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*]. Long-term services and supports are help for 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.

If you need LTSS, an LTS Coordinator can help you and your Care Team determine what options are available to support you in the way you want. You always have the right to have an LTS Coordinator on your Care Team.

[*Plans should include information regarding accessing LTSS and talking with an LTS Coordinator.*]

Identifying Providers in <plan name>’s Network

[*Plans should delete this paragraph if they don’t require referrals for any services.*] You may need a referral to see someone who is not a Primary Care [*insert term the plan uses (e.g.,* Provider***or***Physician)]*.* There is more information about referrals in the “Getting started in <plan name>” section of this Directory on page <page number>.

[*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 go to 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 or approval from us), you will have to pay the bill.**

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. Also, when you first enroll in <plan name>, you can keep seeing your current providers for 90 days, or until you and your Care Team complete a comprehensive assessment of your needs and goals and develop your Individualized Care Plan.

* You may change providers within the network at any time. If you have been going to one network provider, you do not have to keep going to 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 seeing 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 to see 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 coordinator*,* patient navigator*, or other appropriate reference*]for assistance.

Finding <plan name> providers in your area

[*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.*]

## List of network providers

This Directory of <plan name>’s network providers contains:

* **Health care professionals** including primary care providers, specialists, behavioral health providers, dental service providers, and vision service providers;
* **Facilities** including hospitals, nursing facilities, and behavioral health facilities; and
* **Support providers** including long-term services and supports (LTSS) (e.g., adult day health) and community support services (e.g., peer supports). [Plans may modify this bullet to list additional examples of LTSS covered by the plan.]

[***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 (e.g., PCP, specialist, hospital, etc.).*]

**Recommended organization:** [*Plans are required to include all of the following fields but have discretion regarding the organizational layout used. However, plans that assign members to medical groups must organize the provider listing by medical group.* *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 going to[*insert description of where information is available, such as page number*].]

**1. Type of Provider** [*Plans are required to include PCPs, Specialists, Hospitals, Nursing Facilities and Skilled Nursing Facilities, Behavioral Health Providers, and Long-Term Services and Supports 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 (e.g., Mental Health). Some provider types, particularly in the support provider category, may include* ***either*** *health care professionals (e.g., Consumer-Directed Services, Home Health Agencies)* ***or*** *facilities (e.g., Adult Day Services, Home-Delivered Meals). Plans should list all providers of the same type in the same category, regardless if the providers are facility or non-facility based (e.g., 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*** *(e.g., days and hours of operation, public transportation, languages, accommodations for those with physical disabilities) for each provider with more than one address in the Directory.*]

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

[Provider Type (e.g.,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>

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

[*Optional: Include web and e-mail addresses.*]

[*Include licensing information (e.g., license number, NPI).*]

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

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

[*Include days and hours of operation.*]

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

[*List 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.*]

[*As applicable, indicate if the provider has completed cultural competence training. Optional: List any specific cultural competencies the provider has.*]

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

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

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

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

[Facility Type (e.g., Hospitals, Nursing Facilities, Support Providers – Home-Delivered Meals)]

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

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

[*Optional: Include web and e-mail addresses.*]

[*As applicable, include licensing information (e.g., license number, NPI).*]

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

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

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

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

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

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

**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.

<Plan name> is happy to help you find a network pharmacy that meets your needs. For instance, we can help you find pharmacies that:

* Are accessible by public transit
* Have pharmacists that speak your language
* Offer specific accommodations

[*Plans may modify the following:* Please contact <Plan name> Member Services at <toll-free number> or your Care Coordinator for assistance.]

[*If a plan lists pharmacies in its network but outside the service area, it must use this disclaimer:*]   
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.
* You must use network pharmacies except in emergency or urgent care situations.   
  If you go to 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> Member Handbook   
  for more information.
* Some network pharmacies may not be listed in this Directory.
* Some network pharmacies may have been added or removed from our plan after   
  this Directory was published.

For up-to-date information about <plan name> network pharmacies in your area, please   
visit our web site at <web address> or call Member Services at <toll-free phone and TTY/TDD numbers>, <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 Member Handbook and <plan name>’s *List of Covered Drugs*. [*Insert information about where members can find the List of Covered Drugs.*]

**Identifying pharmacies in our 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

Home infusion pharmacies

Long-term care (LTC) pharmacies

* [*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.*]
* You are not required to continue going to the same pharmacy to fill your prescriptions.   
  You can go to any of the pharmacies in our network.

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. 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. A <number>-day supply has the same copay as a one-month supply.

<Plan Name>’s Network Pharmacies

**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 going to [*insert description of where information is available, such as page number*]*.*]

**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 must indicate when a pharmacy is not available to all members. If symbols are used, a legend must be provided.*]

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.*]

[*Include* *days and hours of operation.*] [***Note:*** *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.” See 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/TDD 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/TDD 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/TDD 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.*]

[*Include if applicable:*] Mail Order Pharmacy(ies)

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, 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>. [*insert:* TTY/TDD: <phone number>.]

**<State> | <County>**

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

<Pharmacy Name>

<Toll-free number>  
<TTY/TDD number>

[*Optional: Include web and e-mail addresses.*]

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

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.*]

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

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.

[***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.*]

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

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 go to these pharmacies under limited circumstances (e.g., 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.*]

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

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.*]

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

**<State> | <County>**

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

<Pharmacy Name>

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

<Phone Number>

[*Optional: Include web and e-mail addresses.*]

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