

Instructions to Health Plans

- ❖ *[Distribution Note: Enrollment – Plans must provide a Directory to each member upon enrollment. Refer to the Medicare Marketing Guidelines for detailed instructions.]*
- ❖ *[If the state does not use the word “Medicaid,” plans should replace it with the name the state uses.]*
- ❖ *[If plans do not use the term “Member Services,” plans should replace it with the term the plan uses.]*
- ❖ *[Plans should note that the EOC is referred to as the “Member Handbook.” If plans do not use the term “Member Handbook,” plans should replace it with the term the plan uses.]*
- ❖ *[Plans 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.]*



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

- ❖ <Plan's legal or marketing name> is a health plan that contracts with both Medicare and <name of [state] Medicaid program> to provide benefits of both programs to enrollees.
- ❖ Benefits, List of Covered Drugs, [and] pharmacy and provider networks [, and/or copayments] may change from time to time throughout the year and 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 this group 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 *[describe the plan's service area, and include a list of counties and cities/towns.]*
- ❖ You can ask for this information in other formats, such as Braille or large print. Call <toll-free number>. The call is free.
- ❖ You can get this information for free in other languages. Call <toll-free number>. 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.]*

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 printed.
 - Some <plan name> providers in our network may not 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 number>, <days and hours of operation>. The call is free. *[TTY/TDD: <phone number>.]*

Doctors and health care professionals that are in <plan name>'s network are listed on pages <page numbers>.

Pharmacies that are in our network are listed on pages <page numbers>.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Providers

Getting started in <plan name>

[States should feel free to modify this section as necessary. For example, States that use integrated Primary Care Teams should explain the composition of the teams and how they work. 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 see in our Provider and Pharmacy Directory.

- **Providers** are doctors, nurses, pharmacists, therapists, and other people who provide care and services. **Services** include medical care, long-term services and supports, services, supplies, prescription drugs, equipment and other services.
 - The term *providers* also includes 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. *[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 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.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

- You may need a **referral** to see a specialist or someone that is not your PCP. A **referral** means that *[Insert as applicable: your network PCP **or** our plan]* must give you approval before you can see the other provider. If you don't get a referral, <plan name> may not cover the service.
 - Referrals from *[Insert as applicable: your network PCP **or** our plan]* 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
 - To see a women's health specialist.
 - *[Plans may insert additional exceptions as appropriate.]*
 - Additionally, if you are eligible to receive 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 is available in Chapter 3 the Member Handbook.
- You also have access to a *[Insert as applicable: **care coordinator and/or a care team**]* that you choose.
 - A **Care Coordinator** helps you manage your medical providers and services.
 - Your **Care Team** *[plans should describe the care team as appropriate to the plan]*. Everyone on the 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 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.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Choosing a Primary Care *[insert term the plan uses (e.g., Provider or Physician)]* (PCP) *[if appropriate, plans should include: or Integrated Primary Care Team]*

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

First, you *[will need to **or** should]* choose a Primary Care *[insert the term the plan uses (e.g., Provider or Physician)]*. *[If appropriate plans should include: You may be able to have a specialist act as your PCP. If this is applicable, plans should describe under what circumstances a specialists may act as a PCP and how to request one (e.g., call Member Services).]*

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**
- choose a *[insert term the plan uses (e.g., provider or physician)]* who has been recommended by someone you trust, **or**
- choose a *[insert term the plan uses (e.g., provider or physician)]* whose offices are easy for you to get to.

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

- If you want help in choosing a PCP, please call Member Services at <toll-free number>, <days and hours of operation>. The call is free. [TTY/TDD: <phone number>.] Or, visit <web address>.
- If you have questions about whether we will pay for any medical service or care that you want or need, call Member Services to ask—*before* you get the service or care.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Getting long-term services and supports

You may be able to get long-term services and supports (LTSS), such as [\[plans should provide examples with explanations of all services available to members\]](#) as a <plan name> member. 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.

[\[Include information regarding accessing LTSS and talking with a Care Coordinator.\]](#)

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 Provider and Pharmacy Directory on <page x>.

[\[HMO plan types must include the following language.\]](#) You must get all of your covered services from providers within our network. If you go to providers who are not in <plan name>'s network (without prior authorization or approval from us), you will have to pay the bill.

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 go 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. If you have been going to one network provider, you do not have to keep going to that same provider. [\[Plans should modify or add language with plan specific rules about PCP changes. Plans should include the following language if appropriate: For some providers, you may need a referral from your PCP.\]](#)
- <Plan name> works with all the providers in our network to accommodate the needs of people with disabilities. The list of network providers below 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 [\[care team, care coordinator, patient navigator, or similar\]](#) for assistance.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Finding <plan name> providers in your area

[Plan sponsors 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.]

List of network providers

[Note: Plans that provide additional or supplemental benefits beyond those captured in the provider types in this model document must create a category or categories of providers offering these additional or supplemental benefits and list the providers.]

[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.]*

- 1. Type of Provider** *[PCPs, Specialists, Hospitals, Skilled Nursing Facilities, Nursing Facilities, Mental Health Providers, Long-Term Services and Supports Providers, and Pharmacies where outpatient prescription drugs are offered by the plan. Note: All of these provider types are required to be listed in the same Provider Directory.]*
- 2. County** *[List alphabetically.]*
- 3. City** *[List alphabetically.]*
- 4. Neighborhood/Zip Code** *[Optional: For larger cities, providers may be further subdivided by zip code or neighborhood.]*
- 5. Provider** *[List alphabetically.]*

You may receive 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.]*



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

[*Sample formatting:*]

Primary Care Physicians

<State> | <County>

<City/Town><Zip Code>

<Physician Name>

<Physician Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Include days and hours of operation*]

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

[*Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*]

[*Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*]

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.*]

[*Include provider licensing information.*]

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



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Specialists: [*Specialty Type*]

<State> | <County>

<City/Town><Zip Code>

<Physician Name>

<Physician Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Hospitals

<State> | <County>

<City/Town><Zip Code>

<Hospital Name>

<Hospital Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Skilled Nursing Facilities (SNF)

<State> | <County>

<City/Town><Zip Code>

<SNF Name>

<SNF Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Nursing Facilities (NF)

<State> | <County>

<City/Town><Zip Code>

<NF Name>

<NF Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Mental Health Providers

<State> | <County>

<City/Town><Zip Code>

<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: trauma, child welfare, substance use, physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Long-Term Services and Supports: [*Customize per state-specific LTSS (e.g., Adult Day Services). Plans can add as many categories as necessary.*]

<State> | <County>

<City/Town><Zip Code>

<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Include days and hours of operation*]

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

[*Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*]

[*Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*]

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.*]

[*Include provider licensing information.*]

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



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Long-Term Services and Supports: [*Customize per state-specific LTSS (e.g., Assisted Living).*]

<State> | <County>

<City/Town><Zip Code>

<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Include days and hours of operation*]

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

[*Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*]

[*Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*]

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.*]

[*Include provider licensing information.*]

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



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Long-Term Services and Supports: *[Customize per state-specific LTSS (e.g., Consumer Directed Services).]*

<State> | <County>

<City/Town><Zip Code>

<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Long-Term Services and Supports: *[Customize per state-specific LTSS (e.g., Home Delivered Meals).]*

<State> | <County>

<City/Town><Zip Code>

<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Long-Term Services and Supports: *[Customize per state-specific LTSS (e.g., Home Health Agencies).]*

<State> | <County>

<City/Town><Zip Code>

<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

[Plans must create categories for plan providers not in the categories above.]

<State> | <County>

<City/Town><Zip Code>

<Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: Web and e-mail addresses]

[Include days and hours of operation]

[Indicate whether the provider is accepting new patients.]

[Indicate the provider's cultural and linguistic capabilities. List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.]

[Indicate the provider's accessibility to individuals with physical disabilities and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).]

[Indicate whether provider has special experience, skill, expertise, or training in treating persons with: physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.]

[Indicate if provider is accessible by public transportation.]

[Include provider licensing information.]

[Optional: Indicate whether the provider supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

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, 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 printed.

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 number>, <days and hours of operation>. The call is free. [\[TTY/TDD: <TTY/TDD number>.\]](#)

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*. [\[Insert information about where members can find the List of Covered Drugs.\]](#)



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

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.



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

<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.]*

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.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Retail and Chain Pharmacies

<State> | <County>

<City/Town><Zip Code>

<Pharmacy Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: 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. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you 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 whether the pharmacy provides an extended day supply of medications.]

[Optional: Indicate whether 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 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 and phone numbers 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.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

[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 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 receive your prescription drugs [*insert as applicable: within <number> days or from <number> to <number> days*] from the time that the mail order pharmacy receives the order. If you do not get your prescription drug(s) within this time, please contact us at <toll-free number>. [TTY/TDD: <phone number>.]

<State> | <County>

<City/Town><Zip Code>

<Pharmacy Name>

<Toll-free number>

<TTY/TDD number>

[*Optional: 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. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you 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 whether the pharmacy provides an extended day supply of medications.*]

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



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

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.]

<State> | <County>

<City/Town><Zip Code>

<Pharmacy Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: 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. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you 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 whether the pharmacy provides an extended day supply of medications.]

[Optional: Indicate whether the pharmacy supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

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.]

<State> | <County>

<City/Town><Zip Code>

<Pharmacy/Long-Term Facility Name>

<Pharmacy/Long-Term Facility Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: 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. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you 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 whether the pharmacy provides an extended day supply of medications.]

[Optional: Indicate whether the pharmacy supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

[Note: This section applies only if there are ITU 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: 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. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you 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 whether the pharmacy provides an extended day supply of medications.]

[Optional: Indicate whether the pharmacy supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

Network Pharmacies outside the <geographic area>

[Plans' inclusion of category is optional.]

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: 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. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you 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 whether the pharmacy provides an extended day supply of medications.]

[Optional: Indicate whether the pharmacy supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.

[Optional: Create categories for additional types of network pharmacies not encompassed in the categories above.]

<State> | <County>

<City/Town><Zip Code>

<Pharmacy Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

[Optional: 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. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you 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 whether the pharmacy provides an extended day supply of medications.]

[Optional: Indicate whether the pharmacy supports electronic prescribing.]



If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>.