**Instructions to Health Plans**

* [Plans should follow the instructions in the State-specific Marketing Guidance regarding use of the standardized plan type (Medicare-Medicaid Plan) following the plan name. Plans should not use ICO when referring to themselves. Plans should use health plan or MI Health Link where appropriate.]
* [Distribution Note: Enrollment – Plans must provide a Provider and Pharmacy Directory or information about how to access or get a Directory to each member upon enrollment. Plans must ensure that an online Directory contains all the information required in a print Directory. Refer to the State-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 the Provider and Pharmacy Directory Requirements in the State-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 cover page to the Directory. Plans may include the Material ID only on the coverage page.]
* [If plans do not use the term “Member Services,” plans should replace it with the term the plan uses.]
* [Where the template instructs inclusion of a phone number, plans must ensure it is a toll-free number and include a toll-free TTY number and days and hours of operation.]
* [Plans should 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 Michigan Medicaid services.]
* [Plans may place a QR code on materials to provide an option for members to go online.]
* [Plans are encouraged to include an Index for Providers and for Pharmacies.]
* [In accordance with additional plan instructions in the model, plans have the option of moving general pharmacy information to appearaftergeneral provider information ends and before provider listing requirements begin.]
* [Wherever possible, plans are encouraged to adopt good formatting practices that make information easier for English-speaking and non-English-speaking enrollees to read and understand. The following are based on input from beneficiary interviews:
* Format a section, chart, table, or block of text to fit onto a single page. In instances where plan-customized information causes an item or text to continue *on* the following page, enter a blank return before right aligning with clear indication that the item continues (for example, similar to the Benefits Chart in Chapter 4 of the Member Handbook, insert:**This section is continued on the next page**).
* Ensure plan-customized text is in plain language and complies with reading level requirements established in the three-way contract.
* Break up large blocks of plan-customized text into short paragraphs or bulleted lists and give a couple of plan-specific examples as applicable.
* Spell out an acronym or abbreviation before its first use in a document or on a page (for example, Long term services and supports (LTSS) or low-income subsidy (LIS)).
* Include the meaning of any plan-specific acronym, abbreviation, or key term with its first use.
* Avoid separating a heading or subheading from the text that follows when paginating the model.
* Use universal symbols or commonly understood pictorials.
* Draft and format plan-customized text and terminology in translated models to be culturally and linguistically appropriate for non-English speakers.
* Consider using regionally appropriate terms or common dialects in translated models.
* Include instructions and navigational aids in translated models in the translated language rather than in English.
* Consider producing translated models in large print.]

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

Introduction

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

[Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]

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Disclaimers

* [Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.]
* This Directory lists health care professionals (such as doctors, nurse practitioners, psychologists, and hearing, dental, or vision specialists, nurses, pharmacists, and therapists), facilities (such as hospitals or clinics), and support providers (such as Adult Day Health and Home Health providers) that you may use as a <plan name> member. We also list the pharmacies that you may use to get your prescription drugs.
* We will refer to these groups as “network providers” in this Directory. These providers signed a contract with us to provide you services. This is a list of <plan name>’s network providers for [Plans must insert a description of the plan’s entire service area, including a complete list of all counties and all cities/towns].
* ATTENTION: If you speak [insert language of the disclaimer], language assistance services, free of charge, are available to you. Call [insert Member Services toll-free phone and TTY numbers, and days and hours of operation]. The call is free. [This disclaimer must be included in all non-English languages that meet the Medicare and/or state thresholds for translation. If the plan doesn’t meet either the Medicare and/or state threshold for translation of written materials, the disclaimer should not be included.]
* [*Plans may increase the font size and/or use bold font to emphasize the following information.*] You can also get this document for free in other formats, such as large print, braille or audio. Call [insert Member Services toll-free phone and TTY numbers, days and hours of operation]. The call is free.
* [Plans also must describe in simple terms:
  + how they will request a member’s preferred language other than English and/or alternate format,
  + how they will keep the member’s information as a standing request for future mailings and communications so the member does not need to make a separate request each time, **and**
  + *how a member can change a standing request for preferred language and/or format*.]
* The list is up-to-date as of <**date of publication**>, but you need to know that:
* Some <plan name> network providers may have been added or removed from our network after this Directory was published.
* Some <plan name> providers in our network may no longer be accepting new members. If you are having trouble finding a provider who will accept new members, call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>, and we will help you.
* To get the most up-to-date information about <plan name>’s network providers in your area, visit <MMP web address> or call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free.

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>. [If plan includes an Index for Providers and for Pharmacies, insert: You can use the Index in the back of the Directory to find the page where a provider or pharmacy is listed.]

Providers

## B1. Key terms

This section explains key terms in our *Provider and Pharmacy Directory*.

* **Providers** are health care professionals and support providers such as doctors, nurse practitioners, psychologists, hearing, dental, or vision specialists, nurses, pharmacists, therapists, and other people who provide care and services. **Services** include medical care, long term supports and services (LTSS), 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 supports and services.
  + 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 notapplicable.] The providers in our network generally bill us directly for care they give you. When you use a network provider, you usually pay nothing for covered services.
* A **Primary Care****Provider**(PCP) is a [plans should include examples as needed] who gives you routine health care. Your PCP will keep your medical records and get to know your health needs over time. [Plans should include this sentence if applicable to plan arrangement:Your PCP will also give you a **referral** if you need a specialist or other provider.]
* **Specialists** are doctors who provide health care services for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:
  + Oncologists care for patients with cancer.
  + Cardiologists care for patients with heart conditions.
  + Orthopedists care for patients with certain bone, joint, or muscle conditions.
* [Plans that assign members to medical groups mustclearly and briefly define the term “medical group.” Plans must also include a reference to additional information in Section B2 that explains a medical group’s potential impact on enrollees.]
* [Plans should delete this paragraph if they don’t require referrals for any services.] You may need a **referral** for a specialist or someone that is not your PCP. A **referral** means that your primary care provider (PCP) must give you approval before you can go to someone that is not your PCP. 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**
    - Services from a women’s health specialist.
* [Plans may insert additional exceptions as appropriate.]
  + Additionally, if you are eligible to get services from Indian health providers, you may use these providers without a referral. We must pay the Indian health provider for those services even if they are out of our plan’s network.
  + More information on referrals is available in Chapter 3 of the *Member Handbook* [plans may insert reference, as applicable].
* [Plans should delete this paragraph if they don’t require prior authorizations for any services or drugs.] Your provider may need **prior authorization** or an approval from <plan name> before you get certain services. Covered services that need prior authorization are marked in the Benefits Chart in Chapter 4 [plans may insert reference, as applicable]. Some drugs are covered only if you get prior authorization from us. Covered drugs that need prior authorization are marked in the *List of Covered Drugs*.
* 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. [Plans must insert a description of the Care Coordinator as appropriate to the plan.]
  + Your **Care Team** [Plans must insert a description of 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 they can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers.

## B2. Primary Care Provider (PCP)

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 Provider. [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).]

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

* If there is a particular specialist or hospital that you want to use, it is important to find out if they are affiliated with your PCP’s medical group. You can look in this Directory or ask <plan name> Member Services to check if the PCP you want makes referrals to that specialist or uses that hospital.
* If you don’t stay within your PCP’s medical group, <plan name> may not cover the service.]

To choose a PCP, refer to the list of [insert term the plan uses (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.]

* If you want help in choosing a PCP, please call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free. Or, visit <MMP 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 and ask **before** you get the service or care.

## B3. Long term supports and services (LTSS)

As a <plan name> member, you may be able to get long term supports and services (LTSS), such as [insert examples with explanations of services available to members]. LTSS help people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

[Plans must include information regarding accessing LTSS and talking with a Care Coordinator.]

## B4. How to identify 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 for someone who is not a Primary Care Provider (PCP)*.* There is more information about referrals in Section B1 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 use providers who are not in <plan name>’s network [insert if applicable: and are not affiliated with your PCP’s medical group] (without prior authorization or approval from us), you will have to pay the bill.

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

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

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

## B5. How to find <plan name> providers in your area

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

## B6. List of network providers

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

* **Health care professionals** including primary care providers, who may be physicians, physician assistants, or nurse practitioners; hearing, dental, or vision specialists [insert if applicable:; and followed by any other types of health care professionals the plans are required to include];
* **Facilities** including hospitals; urgent care centers; skilled nursing facilities/nursing facilities; Prepaid Inpatient Health Plan (PIHP) facilities for needs related to behavioral health, intellectual/developmental disability, and/or substance use; [insert if applicable:and followed by any other types of facilities the plans are required to include]; **and**
* **Support providers** including adult day programs; assistive technology; chore services; community transitions; environmental modifications; home-delivered meals; LTSS and non-LTSS home health agencies; medical supplies; non-medical transportation; personal care; preventive nursing; private duty nursing; respite care; and [insert if applicable:and followed by any other types of support providers the plans are required to include].

Providers are listed in alphabetical order by last name. [Insert if applicable: You can also find the provider’s name and the page where the provider’s additional contact information is in the Index at the end of the Directory. Providers are also listed in alphabetical order by last name in the Index.] In addition to contact information, provider listings also include specialties and skills, for example, such as languages spoken or completion of cultural competence training.

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

[**Note:**Plans that provide additional or supplemental benefits beyond those captured in this model document must create provider type(s) offering these additional or supplemental benefits and list the providers.]

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

[Plans have the option to move general pharmacy information from pages 18-19 to appear herebeforeprovider listings begin.]

<Plan Name>’s network providers

**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.]

1. **Type of Provider** [Plans are required to include all of the specific provider types in the categories for health care professionals, facilities, and support providers above. Plans must also refer to the Note on the following page for additional provider type requirements.]
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 are required under the plan:For some services, you may need a referral from your PCP.]

[**Note:** The following pages contain Directory requirements and sample formatting for provider types. Plans must include the following provider types: Primary Care Providers (physicians, physician assistants, and nurse practitioners); Specialists (hearing, dental, and vision) as well as any additional specialty types as desired; Hospitals; Urgent Care Centers; Skilled Nursing Facilities (SNF)/Nursing Facilities (NF); Prepaid Inpatient Health Plans (PIHPs) for needs related to behavioral health, intellectual/developmental disability, and/or substance use; Medical Supply Providers; and Long Term Supports and Services Providers of adult day programs, assistive technology, chores, community transitions, home-delivered meals, home health, environmental modifications, non-medical transportation, personal care, preventive nursing, private duty nursing, and respite care. Plans may add additional categories as desired. 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. Plans are encouraged to position a symbol legend at the beginning of the Provider and Pharmacy Directory and include an abbreviated version of the symbol legend in the footer of each page of the directory listings. Plans should consider using three-column tables in provider listings to optimize visibility and space.]

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

## C1. [Provider Type (e.g., Primary Care Providers, Specialists – Cardiology, Support Providers – Home Health Agencies)]

**<State> | <County>**

<City/Town><Zip Code>

<Provider Name>

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

<Phone Number>

[**Note:**Where **all**health care professionals and non-facility based support providers in the plan’s network meet one or more requirements (e.g., they have completed cultural competence training, they have access to language line interpreters), the plan may insert a prominent statement to that effect at the beginning of the provider listings rather than indicating the requirement(s) at the individual provider level throughout. When providers in a group practice are co-located and listed together in the Directory, the plan may list requirements, when appropriate, at an aggregate group practice level rather than at an individual provider level (e.g., days and hours of operation, public transportation route and types, non-English languages (including ASL)).]

[**Note:** Plans may satisfy “as applicable” requirements either at the individual provider level throughout or by inserting a prominent statement indicating that enrollees may call Member Services to get the information. For example, plans may enter a statement such as: Call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>, if you need information about a provider’s other credentials and/or certifications, completion of cultural competence training, and/or areas of training and experience.]

[As appropriate: Include web and e-mail addresses.]

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

[Indicate if the provider is accepting new patients as of the Directory’s date of publication, and include if applicable: You may also contact the provider directly to find out if they are accepting new patients.]

[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:]**

## C2. [Facility Type (e.g., Hospitals, Nursing Facilities, Support Providers – Home-Delivered Meals)]

[**Note:** Plans may include all nursing facilities in one type. Plans that include all nursing facilities in one type should 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>

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

[**Note:** Plans may satisfy “as applicable” requirements either at the individual facility level throughout or by inserting a prominent statement indicating that enrollees may call Member Services to get the information. For example, plans may enter a statement such as:Call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>, if you need information about a facility’s other credentials and/or certifications and/or days and hours of operation.]

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

[As appropriate: Include web and e-mail addresses.]

[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.]

[Plans have the option to move the following general pharmacy information from pages 18-19 to start on page 12before provider listing requirements begin.]

List of network pharmacies

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

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

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

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

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

For up-to-date information about <plan name> network pharmacies in your area, please   
visit our website at <MMP web address> or call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>. The call is free.

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.]

## D1. How to identify pharmacies in <plan’s name> network

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

[Plans should insert only if they include mail-order pharmacies in their network.] Mail-order pharmacies send covered prescription drugs to members through the mail or shipping companies.

Home infusion pharmacies prepare prescription drugs that are given through a vein, within a muscle, or in another non-oral way by a trained provider in your home.

Long-term care (LTC) pharmacies serve residents of long-term care facilities, such as nursing homes.

* [Plans should insert only if they include I/T/U pharmacies in their network.] Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies
* [Plans should insert any additional pharmacy types in their network. Plans are encouraged to provide a definition of any additional specialty pharmacies in their network.]

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

## D2. Long-term supplies of prescriptions

[Plans should include only if they offer extended-day supplies at any pharmacy location. Plans should modify the language below as needed, consistent with their approved extended-day supply benefits.]

* **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a <number>-day supply of your prescription drugs sent directly to your home. 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.]

1. **Type of Pharmacy** [Plan, Mail Order, Home Infusion, LTC, I/T/U]
2. **State** [Include only if Directory includes multiple states.]
3. **County** [List alphabetically.]
4. **City** [List alphabetically.]
5. **Neighborhood/Zip Code** [Optional: For larger cities, pharmacies may be further subdivided by zip code or neighborhood.]
6. **Pharmacy** [List alphabetically.]

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

[**Note:**Plans that make**all**network pharmacies available to**all**members must insert:You can use any of the pharmacies in our network. Plans that do **not**make all network pharmacies available to all members must indicate for each pharmacy type or individual pharmacy that the pharmacy type or pharmacy is**not**available to all members. If symbols are used, a legend must be provided. Plans are encouraged to position a symbol legend at the beginning of the Provider and Pharmacy Directory and include an abbreviated version of the symbol legend in the footer of each page of the directory listings. Plans should consider using three-column tables in provider listings to optimize visibility and space.]

## E1. Retail and chain pharmacies

**<State> | <County>**

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

**<Pharmacy Name>**

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

<Phone Number>

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

[Optional: Include days and hours of operation.]

[Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.” Refer to exceptions in second Note below.]

[Optional:<Special Services:>] [**Note:**Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.]

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

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

[**Note:**Plans are expected to create one alphabetical list integrating both retail and chain pharmacies, but the information supplied may vary for retail versus chain pharmacies. Plans are required to provide the address and phone number for independent (non-chain) pharmacies. For chain pharmacies only, in lieu of providing addresses and days and hours of operation for all locations, plans may provide a toll-free customer service number and a TTY number that an enrollee can call to get the locations, phone numbers, and days and hours of operation of the chain pharmacies nearest their home. If the chain pharmacy does not have a toll-free number, plans should include a central number for the pharmacy chain. If the chain pharmacy does not have a central number for enrollees to call, then plans must list each chain pharmacy and phone number in the Directory. If the chain pharmacy does not have a TTY number, plans are instructed to list the TRS Relay number 711. Plans should not list their own Member Services number as a pharmacy phone number or TTY number.]

## E2. [Include if applicable: Mail order pharmacy(ies)]

[Include if applicable:You can get prescription drugs shipped to your home through our network mail order delivery program [plans may insert: which is called <name of program>]. Plans are expected to advise members that pharmacies are to obtain consent before shipping or delivering any prescriptions the member does not personally initiate.

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

**<State> | <County>**

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

<Pharmacy Name>

<Toll-free number>  
<TTY number>

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

[Optional: Include days and hours of operation.]

[Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional:<Special Services:>] [**Note:**Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.]

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

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

## E3. Home infusion pharmacies

[**Note:**Plans should provide any additional information on home infusion pharmacy services in their plan and how enrollees can get more information. If applicable, plans should include a statement noting their home infusion pharmacies service all counties in the plan service area rather than denoting specific county information below. Plans with a home infusion pharmacy servicing multiple counties should list the counties alphabetically.]

**<State> | <County or Counties>**

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

<Pharmacy Name>

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

<Phone Number>

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

[Optional: Include days and hours of operation.]

[Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services:>] [**Note:**Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.]

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

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

## E4. Long-term care pharmacies

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

[**Note:**Plans should provide any additional information on long-term care pharmacy services in their network and how enrollees can get more information. If applicable, plans should include a statement noting their long-term care pharmacies service all counties in the plan service area rather than denoting specific county information below. Plans with a long-term care pharmacy servicing multiple counties should list the counties alphabetically.]

**<State> | <County or Counties>**

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

<Pharmacy/Long-Term Facility Name>

<Pharmacy/Long-Term Facility Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

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

[Optional: Include days and hours of operation.]

[Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services:>] [**Note:**Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.]

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

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

## E5. Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies [Note: This section applies only if there are I/T/U pharmacies in the service area.]

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

[Optional: Include days and hours of operation.]

[Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional:<Special Services:>] [**Note:**Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.]

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

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

## E6. Network pharmacies outside the <geographic area> [Note: This category is optional for plans to include.]

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

**<State> | <County>**

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

<Pharmacy Name>

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

<Phone Number>

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

[Optional: Include days and hours of operation.]

[Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services:>] [**Note:** Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.]

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

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

[**Note:** It is optional for plans to create categories for additional types of network pharmacies not encompassed in the previous categories. If the plan creates additional categories, plan should add these additional categories as sequentially numbered subsections and include them in the Table of Contents.]

**<State> | <County>**

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

<Pharmacy Name>

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

<Phone Number>

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

[Optional: Include days and hours of operation.]

[Optional: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services:>] [**Note:** Examples of special services include Home Delivery, Drive Thru, Compounds Prepared.]

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

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

[Optional: Index of Providers and Pharmacies]

[Plans that add an Index must update the Table of Contents to include it as a section with two subsections as illustrated below. Providers and pharmacies must be grouped separately in the Index.]

## F1. Providers

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

## F2. Pharmacies

[Plans must present entries in alphabetical order.]