

Checklist for the Provider Directory

Instructions

- The Provider Directory Checklist is to be submitted with your Provider Directory. Both documents should be zipped and submitted as 1 file.
- Complete the checklist and submit it with your Provider Directory, which you will transmit via the HPMS MA or PDP Marketing Module.

Requirements

All required and relevant information is included in the Provider Directory:

	Page#
___ Marketing material ID	___
___ Materials in 12 point font	<u>N/A</u>
___ Include customer service numbers, TTY/TDD number, and hours of operation	___
___ Include all required categories	<u>N/A</u>
___ Include names, complete address, and phone numbers of the primary care physicians	___
___ Include providers that participate in Medicaid	___
___ Include names and addresses (city or town) of specialists, skilled nursing facilities, hospitals, outpatient mental health providers, and pharmacies (if applicable), where outpatient prescription drugs are offered by the MA plan;	___
___ Include description of the plan's service area, including a list of cities and towns	___
___ Include instructions to enrollees that, in cases where non-contracting providers submit a bill directly to the enrollee, the enrollee should not pay the bill, but submit it to the MA organization for processing and determination of enrollee liability, if any	___
___ Include information regarding out-of-area coverage and emergency coverage	___
___ Include prior authorization rules (If applicable)	___
___ Include prior notification (If applicable)	___
___ Pharmacy category included to describe Part B drugs only (If applicable)	___
___ No spelling errors	___

Based on my best knowledge, information, and belief, all information submitted to CMS in these documents is accurate, complete, and truthful. Our organization has performed a second quality review of the materials before submitting them to CMS for review and approval.

(Name & Title of preparer of materials/ Date)

(Name & Title of second Quality Reviewer/Date)

On behalf of

(NAME OF ORGANIZATION)