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MEDICARE-MEDICAID COORDINATION OFFICE

DATE: October 17, 2017

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
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SUBJECT: Contract Year 2018 Monitoring of Medicare-Medicaid Plan Provider and Pharmacy Directories

We provide information to Medicare-Medicaid Plans (MMPs) in this memorandum about the upcoming monitoring of Contract Year (CY) 2018 Provider and Pharmacy Directories. To support ongoing burden reduction efforts in CY 2018, we will leverage process improvements and lessons learned during the CY 2016 and CY 2017 MMP directory cycles to further streamline the process and refine requirements.

During the period between November 15, 2017, and January 19, 2018, the Medicare-Medicaid Coordination Office (MMCO), through a contractor, will review a sample of MMP CY 2018 Provider and Pharmacy Directories using standardized, state-specific review tools.

For monitoring purposes, we consider the print directory to be PDF versions and the online directory to be not only the provider search engine but also all required directory disclaimers and supporting information embedded or posted with the search engine. We hold both versions to the same standard and, where both are made available, apply all model directory requirements to print and online versions alike. Per the Medicare Managed Care Manual, Chapter 4, Section 110.2.1, all versions of the directory "must contain all the information and follow all instructions within the CMS model provider directory."[1] As such, to be considered compliant, the online version of a directory must contain information required in the directory model.

We will continue to focus monitoring efforts on areas most relevant to enrollees and prospective enrollees when choosing providers. As indicated in the HPMS memorandum,

[1] Requirements of the Medicare Managed Care Model, Chapter 4, Section 100.2.1 are incorporated by reference in all states' MMP Marketing Guidance documents, which are located at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html, halfway down the page, under the "State-Specific Information" heading, grouped alphabetically by state.

"Contract Year 2017 Monitoring of Medicare-Medicaid Plan Provider and Pharmacy Directories – Update," issued March 20, 2017, these areas include but are not limited to:

- Standing requests for non-English or alternate format materials
- Instructions accompanying use of automated tools to find providers on public transportation routes (e.g., Walk Score, Google Maps)
- Member consent statement (before mail-order pharmacies ship or deliver prescriptions the member does not personally initiate)
- Cultural competence training completion
- Specific accommodations at the provider's location for individuals with physical disabilities

We will continue to define, weight, and score elements consistent with the CY 2017 monitoring. MMPs may refer to the explanation of requirement definitions on page 2 of the Medicare-Medicaid Plan Provider and Pharmacy Directory Monitoring FAQ[2] and to the explanation of requirement weights in the Appendix to this memorandum.

We also remind MMPs that an element may appear more than once in a state-specific review tool. The same element may pertain to different sections of the directory, and multiple sections of the directory are subject to review. We clearly label and distinguish sections and elements in the table of reviewed elements in directory monitoring results letters.

Similar to CY 2017, we will include the MMP's score in the CY 2018 monitoring results letter as the percentage of required elements met. Where applicable, we will provide the MMP's percentage of improvement from CY 2017 to CY 2018. We anticipate issuing CY 2018 monitoring results letters to MMPs by the end of March 2018; any compliance actions that may be necessary for MMPs with persistent areas of non-compliance will follow.

We continue to work collaboratively to help MMPs improve directories enrollees and prospective enrollees use to make informed decisions about their health care choices. Our goal is for CY 2018 directory monitoring activities to aid MMPs in preparing their CY 2019 directories.

Please contact the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov if you have any questions about the contents of this memorandum.

[2] The most current MMP Provider and Pharmacy Directory FAQ, dated July 18, 2017, is available at this link: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPPPDMonitoringFAQCY201707-18-2017.pdf

Appendix: Weights and Descriptions of Reviewed Requirements

When assigning performance scores, elements are weighted, but not equally. Weighting is based on issues most relevant to beneficiaries when choosing providers. The table below contains examples of weights and descriptions of reviewed requirements.

Score/ Weight	Description of Score/Weight
0	Optional requirements; no impact on member
1	Requirements that do not impact a member's ability to read/interpret information in the directory (e.g., including the plan's Marketing ID number on materials; listing the total number of each type of provider such as Primary Care Provider (PCP), specialist, hospital)
2	Requirements that may have a moderate impact on a member's ability to read/interpret information in the directory (e.g., including provider licensing information such as license number or NPI; describing how types of pharmacies can be identified and located relative to organizational format)
3	Statements or disclaimers that provide important information to the member (e.g., indicating when a pharmacy is not available to all members; describing how an enrollee can find a network provider nearest his or her home relative to the organizational format used in the directory; explaining the use of legends or keys)
4	Requirements that have a significant impact on a member's ability to read/interpret information in the directory (e.g., describing in detail the process of choosing a PCP; including elements related to referrals, language, alternate formats, cultural competence, public transportation, accessibility accommodations, TTY/TDD options, and days and hours of operation)
5	Required elements that contain essential information for the member (e.g., including all required fields in the provider listings such as type of provider, county, city, neighborhood/ZIP code, provider name; listing and defining all pharmacy types in the plan's network such as Plan, Mail Order, Home Infusion, Long-term care (LTC), Indian Health Services/Tribal/Urban Indian Health Program (I/T/U))