**CY 2018** 年 Medicare Advantage 與 1876 條付費計劃

醫療服務提供者目錄範本

下述說明和醫療服務提供者目錄範本專用於 1876 條付費計劃以及所有 Medicare Advantage Organizations (MAO)，不包括網絡外私人按服務收費 (PFFS) 與網絡外醫療儲蓄帳戶 (MSA) 計劃。這些說明作為先前發佈的[Medicare Managed Care Manual](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html?DLPage=2&DLSort=0&DLSortDir=ascending) [Medicare 管理式護理手冊](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html?DLPage=2&DLSort=0&DLSortDir=ascending)第 4 章所述指引之補充說明。這些說明適用於 MAO 及付費計劃編製的所有紙版和線上醫療服務提供者目錄。

醫療服務提供者目錄必須清楚說明參保者使用醫療服務提供者所有計劃的特定規則。例如，某個 HMO 計劃可能擁有的是開放式醫療服務提供者團隊，或可能只提供封閉式醫療服務提供者團隊。封閉式醫療服務提供者團隊可能需要參保者從主治醫師 (PCP) 處獲得轉診才能使用專科醫師。目錄中必須清楚說明此類資訊。除此之外，目錄必須指明參保者必須獲得轉診的醫療服務提供者和/或服務，或目錄必須向參保者說明他們可從哪裡找到此類資訊。

如果計劃提供子網絡，可針對每個子網絡單獨編製一本醫療服務提供者目錄。計劃可為子網絡中的參保者提供能夠反映子網絡的目錄，但該目錄同樣必須清楚說明參保者不限於使用子網絡目錄中列出的醫療服務提供者，並說明參保者可從何處獲得包含計劃的完整醫療服務提供者網絡的目錄。此份範圍更廣的目錄可透過線上提供，或應參保者要求提供紙版副本。此外，計劃必須說明參保者可如何申請使用子網絡之外的醫療服務提供者。有關子網絡的更多資訊，請參閱 Medicare Advantage 網絡充分性標準指引，網址：<https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/index.html>。

醫療服務提供者特定計劃 (PSP) 必須編製相關目錄，清楚說明參保者只限於使用 PSP 網絡中的醫療服務提供者。

針對不同醫療服務提供者和/或機構的分攤費用進行分級的計劃必須使用特殊字元和/或註腳，指明該醫療服務提供者和/或機構的分級。計劃應該添加相關的說明，指示參保者參閱承保範圍說明書 (EOC) 以瞭解更多關於每個等級的分攤費用資訊。如果計劃使用其他術語來描述這些分攤費用安排，則不一定要使用「分級」這個詞。

如果醫療服務提供者只是在醫院工作，不能提供診室就診（即，如果參保者無法撥打所列的電話號碼以與其約在所列的地址看診），則計劃不得在目錄中列出該醫療服務提供者。

如果醫療服務提供者是作為待命人員和後備醫療服務提供者，無法在診室或執業機構中定期提供承保服務，計劃不得在目錄中列出該醫療服務提供者。計劃只可列出在指定地點開展常規醫療業務的醫療服務提供者。

計劃必須在目錄中清楚說明醫療服務者在特定的網絡中所從事的專業，即便其有資格從事多個專業。例如，不擔任主治醫師的內科醫生/腫瘤醫生不應在目錄中顯示為主治醫師。計劃只可將該醫療服務提供者列入他/她將向參保者提供的服務類別下。

僅在參保者能夠與非醫生執業人員（例如，執業護士、醫生助理）進行預約時，計劃才可以將他們列入目錄。計劃必須在目錄中清楚說明該醫療服務提供者並非執業醫生，並且不得將此類醫療服務提供者列為主治醫師。

如果是聯合執業診所，計劃只可列入該醫療服務提供者為患者看診的常規地點，而不是聯合執業診所的每個地點。

計劃必須儘合理的努力確保及時更新醫療服務提供者的執業診所名稱，並且能夠在參保者致電預約時反映出該診所的曾用名稱。

如果醫療服務提供者在使用時設有限制，計劃必須提供在其名錄旁附上備註，說明相關限制。範例包含（但不限於）以下各項：

* 該醫療服務提供者僅可服務一部分的參保者（例如，例如只有美國原住民參保者才可使用與美國原住民部落相關的醫療服務提供者，只有學生參保者才可使用大學的學生醫療服務）；
* 該醫療服務提供者提供特約醫療，僅為支付年費或預付費用的患者提供服務；以及
* 該醫療服務提供者僅提供上門就診服務，不在實體診室為患者看診。

MAO 和付費計劃還可編製非標準版線上或紙版醫療服務提供者目錄。非標準版醫療服務提供者目錄可包括其他資料元素、可選性內容或採用本範本之外的其他格式。但是，非標準版目錄必須包括所有範本資訊，包括本文所述的介紹性說明以及免責聲明。

範本從第 1 頁開始。請注意：所有可變欄位均帶有灰色文字和方括號的標識。這些欄位必須根據計劃的特定資訊填充。章節編號應進行相應調整。

**最佳做法：**

CMS 鼓勵計劃設計相應的支援程序以維護準確的醫療服務提供者目錄。 計劃需要為參保者提供熱線電話，以供他們聯絡計劃獲取預約方面的幫助或報告目錄的錯誤。對於來電求助以尋找可接受新患者的醫療服務提供者的參保者，CMS 還建議一種最佳做法，即計劃為他們提供「熱轉接」服務。

另外還有一種最佳做法，CMS 亦鼓勵計劃在目錄上添加以下元素（視情況適用）：

* 機器可讀的內容
* 醫療服務提供者的醫療團體
* 醫療服務提供者所屬機構
* 醫療服務提供者使用的非英語語言
* 醫療服務提供者的網址
* 殘障人士的無障礙設施

**[Name of Plan]  
[HMO / PPO / RPPO /Cost/ PFFS / MSA]   
計劃醫療服務提供者目錄**

本目錄最後更新於 [Month DD, YYYY]。

本目錄提供 [Plan Name] 的最新網絡內醫療服務提供者清單。

本目錄適用於[provide a description of the plan’s service area or geographic sub-set of service area that the directory is for]。

如需獲取 [Plan Name] 的線上醫療服務提供者目錄，您可以瀏覽 [Web address]。如對本目錄中所述的資訊（紙版或線上版本）有任何疑問，請致電我們的[客戶/會員]服務部，電話：[phone number]，服務時間為：[days and hours of operation]。[聽障/語障]人士可致電 [TTY or TDD number]。

*[Insert availability of alternate formats, in accordance with section 504 of the Rehabilitation Act of 1973 (45 CFR Part 84)]*

**目錄**

[第 1 節 – 簡介 3](#_Toc484791800)

[[Plan Name] 的服務區包含哪些？ 5](#_Toc484791801)

[如何尋找您所在地區的 [Plan Name] 醫療服務提供者？ 5](#_Toc484791802)

[第 2 部分 – 網絡內醫療服務提供者清單 6](#_Toc484791803)

[[Primary Care Providers (PCPs)] 7](#_Toc484791804)

[[Specialists] 8](#_Toc484791805)

[[Hospitals] 9](#_Toc484791806)

[[Skilled Nursing Facilities (SNFs)] 10](#_Toc484791807)

[[Outpatient Mental Health Providers] 10](#_Toc484791808)

[[Pharmacies] 11](#_Toc484791809)

## 第 1 節 – 簡介

本目錄提供 [Plan Name] 的網絡內醫療服務提供者清單。如要瞭解您的醫療護理承保的詳情，請參閱您的承保範圍說明書。

[Use this introduction section to describe how enrollees should use this directory (e.g., how to select a PCP if your plan uses PCPs, explain sub-networks or PSPs if applicable, and describe which types of providers require a referral).Please refer to the instructions on page i for more information.Use, delete, or modify the following based on your plan type.]

[Insert this paragraph if applicable: 您將需要從本目錄列出的網絡內醫療服務提供者中選擇一位作為您的**主治醫師** (PCP)。一般而言，您必須從您的主治醫師處獲得醫療服務。] [Explain PCP in the context of your plan type.]

[Full-network PFFS plans insert:我們有網絡內提供者提供 original Medicare 承保的所有服務[indicate if network providers are available for any non-Medicare covered services]。您仍然可從未與我們計劃簽約的網絡外醫療服務提供者處獲取承保服務，前提是這些提供者同意接受我們計劃的付款條款與條件。您可瀏覽我們的網站：[insert link to PFFS terms and conditions of payment] for more information about PFFS plan payments.][Indicate whether this PFFS plan has established higher cost sharing requirements for enrollees who obtain covered services from out-of-network providers.]

[Partial-network PFFS plans insert:我們有網絡內提供者提供[indicate what category(ies) of services for which network providers are available]服務。您仍然可從未與我們計劃簽約的網絡外醫療服務提供者處獲取承保服務，前提是這些提供者同意接受我們計劃的付款條款與條件。您可瀏覽我們的網站：[insert link to PFFS terms and conditions of payment] for more information about PFFS plan payments.][Indicate whether this PFFS plan has established higher cost sharing requirements for enrollees who obtain covered services from out-of-network providers.][Note that in order to charge higher cost sharing when a PFFS enrollee obtains services from an out-of-network provider, the PFFS plan must meet current CMS network adequacy criteria for that specialty type.]

[1876 Cost Plans must clearly explain that enrollees may use in-network and out-of-network providers and explain the benefit/cost sharing differentials between the use of in-network and out-of-network providers.]

列於本目錄的「網絡內醫療服務提供者」均同意為您提供[insert appropriate term(s):醫療/眼科/牙科]服務。您可以前往本目錄所列的任何網絡內提供者處求診[；/。][Insert if applicable: 但是，某些服務可能需要轉診。][Insert applicable details on referrals, per instructions on page i.] [Insert, if applicable: 我們網絡有其他醫療服務提供者。][Note:Modify the discussion in this section to reflect the access to services rules that apply to your plan type (e.g., HMO, PPO, etc.), such as closed panels, sub-networks, PSPs, etc. If you do not require referrals, adjust the language appropriately.Please refer to the instructions on page i for more information.]

[PFFS plans insert: [Plan Name] 不要求參保者或其醫療服務提供者獲得轉診或計劃的授權，才能取得計劃承保的具有醫療必要性的服務。如果您對我們是否會支付您正在考慮接受的醫療服務或護理有任何疑問，您有權在接受該服務或護理之前詢問我們是否會給予承保。]

[PPO plans insert: 除非在緊急情況下，否則網絡外醫療服務提供者沒有義務為 [Plan Name] 的參保者提供治療。就我們是否會承保網絡外服務的決定而言，我們鼓勵您或您的提供者在您接受服務前，要求我們作出預先服務機構裁決。請致電我們的[客戶/會員]服務部，電話：[phone number]，服務時間為：[days and hours of operation]。[聽障/語障]人士可致電 [TTY or TDD number]。 您還可參閱承保範圍說明書瞭解更多資訊，包括適用於網絡外服務的分攤費用資訊。]

[Include any out-of-network or point-of-service (POS) options as appropriate.]

[Include instructions to enrollees that, in cases where out-of-network providers submit a bill directly to the enrollee, the enrollee should **not** pay the bill but should submit it to the plan for processing and determination of enrollee liability, if any.]

[Include information regarding out-of-area coverage and emergency coverage, including the process and procedures for obtaining emergency services.Also, include the location where emergency care can be obtained, as well as other locations where network physicians and hospitals provide emergency services and post-stabilization care included in the plan.]

[HMO plans insert:您必須使用網絡內醫療服務提供者，除非出現緊急醫療或急症治療護理情況[或是在服務區域外接受腎臟透析或其他服務]。若您透過網絡外醫療服務提供者取得常規護理，Medicare 和 [Plan Name] 均不負責該費用。

[PPO and POS plans must include information that, with the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers.]

### [Plan Name] 的服務區包含哪些？

屬於我們服務區的[郡 or 各郡] [for Regional Preferred Provider Organizations (RPPOs) only:州 or 各州] [for plans with a partial county service area only: 部分郡/郵遞區號]列示如下。[Optional:You may include a map of the area (in addition to listing the service area), and modify the prior sentence to refer readers to the map.]

[Insert plan service area listing.If approved for the entire county, use county name only.For approved partial counties, use county name and zip code (e.g., “county name, the following zip codes only:XXXXX…”)].

### 如何尋找您所在地區的 [Plan Name] 醫療服務提供者？

[Plans 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.][Note:RPPO plans must fully describe how enrollees residing in any non-network areas of their plan can access covered services at in-network cost sharing.]

如果您有關於 [Plan Name] 的疑問，[或在選擇主治醫師時需要獲得協助]，請致電我們的[客戶/會員]服務部，電話：[phone number]，服務時間為：[days and hours of operation]。[聽障/語障]人士可致電 [TTY or TDD number]。 您還可瀏覽 [Web address]。

## 第 2 部分 – 網絡內醫療服務提供者清單

[Show all current contracted network providers for each type of provider (e.g., PCP, specialist, hospital, etc.).]

[Recommended organization:

**醫療服務提供者類型** (PCPs, Specialists, Hospitals, Skilled Nursing Facilities, Outpatient Mental Health Providers, and Pharmacies (types) where outpatient prescription drugs are offered by the plan.)

**州** (Include only if directory includes multiple states)

**郡** (Listed alphabetically)

**市** (Listed alphabetically)

**社區/郵遞區號** (Optional: For larger cities, providers may be further subdivided by zip code or neighborhood)

**醫療服務提供者** (Listed alphabetically)

**Provider Details**]

[Note:Plans that offer supplemental services (e.g.., vision, dental) must choose to either include these network providers in a directory combined with PCPs, etc. or in a separate provider directory.]

[For Dual Eligible Special Needs Plans (D-SNPs) only: Identify Medicare providers that accept Medicaid to assist dual eligible enrollees in obtaining access to providers and covered services.Plans have the option to include a global statement at the beginning of the network provider listing section or to provide a Medicaid indicator next to each provider.The global statement should state:「本醫療服務提供者目錄中的所有提供者均接受 Medicare 和 Medicaid。」Inclusion of the global statement signifies a model directory without modification.Those plans that choose not to use a global statement need to place a Medicaid indicator next to each provider (e.g., an asterisk and an accompanying footnote for all Medicare providers that participate in Medicaid also.)Inclusion of a Medicaid indicator next to each provider signifies a non-model directory with modification.

[Full and partial network PFFS plans must indicate, for each type of provider, whether the plan has established higher cost sharing requirements for enrollees who obtain covered services from out-of-network providers.]

**[Primary Care Providers (PCPs)]**

[State]

[County]

[City]

[Zip Code]

[PCP Name]

[Accepting New Patients? Yes/No]

[PCP Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for PCP(s) that support electronic prescribing]

### [Specialists]

[Specialty Type]

[State]

[County]

[City]

[Zip Code]

[Specialist Name]

[Accepting New Patients? Yes/No]

[Specialist Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for specialist(s) that support electronic prescribing]

### [Hospitals]

[State]

[County]

[City]

[Zip Code]

[Hospital Name]

[Hospital Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for hospital(s) that support electronic prescribing]

### [Skilled Nursing Facilities (SNFs)]

[State]

[County]

[City]

[Zip Code]

[SNF Name]

[SNF Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for SNF(s) that support electronic prescribing]

### [Outpatient Mental Health Providers]

[State]

[County]

[City]

[Zip Code]

[Provider Name]

[Accepting New Patients? Yes/No]

[Provider Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for provider(s) that support electronic prescribing]

[All plans have the choice to either (1) list information on both providers and pharmacies in one combined document; or (2) provide two separate documents: a provider directory and a pharmacy directory.

In the list of pharmacies (whether appearing in a combined or single document), plans must identify or include those pharmacies that provide Part B drugs, if applicable.

Note: Plans offering a Part D benefit, please refer to the Part D Model Pharmacy Directory for Part D requirements.]

### [Pharmacies]

[Type of pharmacy as applicable: 零售、郵購、居家輸液、長期護理 (LTC)、印第安醫療保健服務/部落/城區印第安醫療保健 (I/T/U)]

[State]

[County]

[City]

[Zip Code]

[Pharmacy Name]

[Pharmacy Street Address, City, State, Zip Code]

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for pharmacy(ies) that support electronic prescribing]