



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: March 15, 2018

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 – Update

In this memorandum, we provide information to Medicare-Medicaid Plans (MMPs) about the status of Contract Year (CY) 2018 Provider and Pharmacy Directory monitoring and next steps, as follow-up to our October 17, 2017 memorandum, “Contract Year 2018 Monitoring of Medicare-Medicaid Plan Provider and Pharmacy Directories.”

In CY 2016, we reviewed print and online directories for all MMPs. In CY 2017, we reviewed print and online directories for a sample of all MMPs. This year’s monitoring effort focused on a review of CY 2018 online directories for the subset of MMPs that had an online directory available. In addition, the scope of the CY 2018 review was more focused, with CMS concentrating on a limited number of requirements in online directories that are of particular importance to enrollees and prospective enrollees.

We are happy to report that we continue to see significant year-over-year improvement. We are sending this memorandum to all MMPs to share some of the findings to inform work on their CY 2019 directories.

Overall, we saw improvement in the information contained in the CY 2018 online directories and appreciate the effort that MMPs have made to address previously identified gaps. Later this month we will send specific information to MMPs whose directories were monitored, but in the following paragraphs we summarize the most commonly recurring findings from the sample of reviewed directories.

Requirements most frequently satisfied were:

- Including location-specific requirements for each provider with more than one address in the directory.
- Identifying the provider or facility name, address, and phone number within provider listings.
- Identifying facility type within provider listings.

- Providing the pharmacy name, address, and phone number within pharmacy listings.
- Indicating if the facility's location is on a public transportation route within provider listings.

Requirements most improved from CY 2017 were:

- Advising members that pharmacies are to obtain consent before shipping or delivering any prescriptions the member does not personally initiate.
- Indicating if the provider's location or facility is on a public transportation route.
- Including information about the estimated length of time for a mail order delivery and how to contact the plan.
- Stating “You can go to any of the pharmacies in our network” or indicating when a pharmacy type or individual pharmacy is not available to all members.
- Listing any non-English languages (including ASL) spoken at the facility's location or offered onsite by skilled medical interpreters.

There remains potential for additional improvement in ensuring that all necessary information is contained in online directories. Requirements least frequently satisfied were:

- Providing additional information on home infusion and long-term care (LTC) pharmacy services and how members can get more information.
- Listing the counties serviced by home infusion and LTC pharmacies within pharmacy listings or inclusion of a disclaimer.
- Including specific accommodations at the facility for individuals with physical disabilities (e.g., wide entry, wheelchair access, accessible exam rooms and tables).

In addition, while we noted some progress in several sampled directories indicating if a provider has completed cultural competence training, we see opportunity for further improvement in fulfilling this requirement.

Guidance for All MMPs

CMS supports continued MMP Provider and Pharmacy Directory improvements to ensure that enrollees and prospective enrollees have the information they need to make informed decisions about their health care choices. To reinforce ongoing burden reduction efforts and aid MMPs in preparing their CY 2019 directories, we will highlight process improvements, discuss lessons learned, and feature best practices in an upcoming webinar. We will reach out through Contract Management Teams in early April to determine MMP topics of interest and welcome your ideas.

Guidance for MMPs with Directories Reviewed for CY 2018

The Medicare-Medicaid Coordination Office (MMCO), through a contractor, reviewed CY 2018 online Provider and Pharmacy Directories for those MMPs with an online directory available on their websites between mid-November 2017 and the end of January 2018.

We considered search engines on MMP websites to be the online directory. As in CY 2016 and CY 2017, we assessed the presence of required information, not the accuracy of the information provided.

We defined, weighted, and scored elements similar to the approach taken in CY 2017. MMPs may refer to the explanation of requirement definitions in the Medicare-Medicaid Plan Provider and Pharmacy Directory Monitoring FAQ at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPPDMonitoringFAQCY201707-18-2017.pdf> and to the explanation of requirement weights in the Appendix to this memorandum. Each MMP's CY 2018 raw score is the percentage of required elements met. In addition, where applicable, we measured the MMP's improvement from CY 2016 to CY 2018.¹ We expect to issue monitoring results letters by the end of March 2018 to each MMP whose directories were reviewed. Each letter will include the MMP's raw score, improvement measure (if applicable), and final score for CY 2018, as well as a table of weights and descriptions of reviewed requirements and a clearly labeled summary of the specific elements reviewed.

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

¹ Only one MMP's online directory was reviewed for the first time in CY 2018 because it had no online directory posted at the time of our monitoring effort for CY 2016 and was not part of our CY 2017 sample. Therefore, we were unable to measure improvement from CY 2016 to CY 2018 for this MMP.

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 individuals when choosing providers. The table below contains examples of weights and descriptions of reviewed requirements.²

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 Material ID number; 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))

² Although all elements may not be reviewed each year, the description and weight of each element remain consistent from year to year for purposes of comparability.