[The below table has been created to auto-populate key terms throughout the document. For proper function, use of Microsoft 2007 or later is required. If using a previous version of Word, follow the instructions below for removing the bookmark table and related instructions.

**Populating the bookmark table.** To populate the table and auto-populate the terms throughout the document, use the following steps:

1. Update the values for each of the data fields in the table below by highlighting the text between the carets (< >) and typing the appropriate value. After entering the value, delete the carets.
2. Press Ctrl+A to select all text in the main document sections.
3. Press F9 to update the field references. If a box appears asking to update the Table of Contents, select “Update entire table” and press OK.
4. Double click on the header. Press Ctrl+A to select all header text.
5. Press F9 to update the field references in the header.
6. If the header does not populate throughout the document, steps 5 and 6 should be repeated for each header section in the document.
7. Double click on the footer, and press Ctrl+A to select all footer text.
8. Press F9 to update the field references in the footer.
9. If the footer does not populate throughout the document, steps 8 and 9 should be repeated for each footer section in the document.
10. To correct any issues with the Table of Contents, right-click on any line of the Table of Contents, ensuring that the whole table is highlighted in light gray, then click “Update Fields” followed by “Update entire table.”

| **Data Field (bookmarkName)** | **Value** |
| --- | --- |
| Plan name (planName) | <plan name> |
| Toll-free Number (tollFreeNumber) | <toll free number> |
| TTY Number (ttynumber) | <TTY number> |
| Days and hours of operation (daysAndHoursOfOperation) | <days and hours of operation> |
| Web Address (webAddress) | <web address> |
| Date of Publication (dateOfPublication) | <date of publication> |
| Geographic Area (geographicArea) | <geographic area> |
| Plan's legal or marketing name (planLMName) | <Plan's legal or marketing name> |
| List of Health Care Professionals in Network (pnListOfHCPs) | <page numbers> |
| List of PCPs Page Number (pnListOfPCPs) | <page numbers> |
| List of Pharmacies Page Number (pnListOfPharmacies) | <page numbers> |
| Member Services Name (memberServicesName) | <Member Services> |
| Member Services TTY Number (msTTYNumber) | <TTY number> |

*Note: Plan should pay attention to grammar and capitalization when populating the bookmark table and review the document to ensure the populated bookmarks appear appropriately throughout.*

***Correcting error messages in the document.*** *If an error message appears in the document indicating that the source could not be found (shown below), a bookmark may have been deleted.*

Cuadro gris que demuestra como se veria el mensaje de error

*To recreate a bookmark, plan should use the following steps:*

1. *In the document, highlight the value that is not updating or the error message.*
2. *On the Insert ribbon tab, in the Links group, select Bookmark.*
3. *Find and select the bookmark name (found within parentheses next to the data field name in the bookmark table above) from the available list and click “Add.”*
4. *If the value does not appear in the list, enter the bookmark name exactly as written in the bookmark table into the “Bookmark name” field and press “Add.”*
5. *Return to the instructions found before the bookmark table, beginning at Step 2, to update the bookmarks throughout the document.*
6. *Repeat steps 1-5 for each additional value showing an error in the document.*

***Moving a tagged field.*** *To move a tagged field to another location within the document, use the following steps:*

1. Highlight the entire tagged field and any surrounding text you want to move or copy and press Ctrl+C to make a copy, leaving the original in place, or Ctrl+X to move the field, removing the original.
2. Place the cursor where the copied text should begin, and press Ctrl+V.
3. Ensure the field has remained intact by placing the cursor anywhere within the field. The entire field should have a light gray background.
4. If the field’s background is not light gray, press Ctrl+Z to undo the previous steps.
5. Repeat the previous steps, being careful to highlight the entire field before pressing either Ctrl+C or Ctrl+X

**Removing the bookmark table and related instructions.** Oversight and monitoring entities (such as MMCO or individual states) must **not** remove the bookmark table or any of the relevant plan instructions even after they have entered values. Instead, the MMP should utilize the following instructions to remove the bookmark table and plan instructions only after all information has been entered and the document is final or if the MMP chooses to manually populate the document:

1. Convert tagged fields into untagged text.
   1. Select all text within the body of the document by placing the cursor anywhere in the document and pressing Ctrl+A.
   2. Press Ctrl+F9 to convert all tagged fields in the main body of the document to untagged text.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the main body of the document.
   3. Double click within the header and press Ctrl+A to highlight all header text.
   4. Press Ctrl+F9 to convert all tagged fields in the header to untagged text. Steps c and d should be repeated for each header section in the document.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the document’s header.
   5. Double click within the footer and press Ctrl+A to highlight all footer text.
   6. Press Ctrl+F9 to convert all tagged fields in the footer to untagged text. Steps e and f should be repeated for each footer section in the document.
      1. Note: After this step, changes made to the bookmarks will not update the tagged fields in the document’s footer.
2. Delete all plan instruction pages prior, including these instructions and the bookmark table.
3. Ensure that all text generated from the recently converted tagged fields has remained intact in the header, footer, and main body of the document.]

**Instructions to Health Plans**

* [*Distribution Note: Enrollment – Plans must provide a Provider and Pharmacy Directory or information about how to access or receive 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’s specific Marketing Guidance for detailed instructions.*]
* [The plan is subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557).]
* [The plan is encouraged to make Directory content on their website 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.]
* [Plan 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 Chapter 4 of the Medicare Managed Care Manual, Chapter 5 of the Medicare Prescription Drug Benefit Manual, and the Provider and Pharmacy Directories Requirements subsection in the Introduction to the State’s specific Marketing Guidance. Plan may publish separate primary care and specialty directories if both directories are made available to enrollees at the time of enrollment.]
* [Plan may add a cover page to the Directory. Plan may include the Material ID only on the cover page.]
* [Where the template instructs inclusion of a phone number, plan must ensure it is a toll-free number and include a toll-free TTY number and days and hours of operation.]
* [Plan should note that the EOC is referred to as the “Member Handbook.” If plan does not use the term “Member Handbook,” plan should replace it with the term the plan uses.]
* [If the plan assigns members to medical groups, it must include language as indicated in plan instructions throughout the Directory. If the plan uses a different term, it should replace “medical group” with the term it uses.]
* [Plan should indicate that the Directory includes providers of both Medicare and Medicaid services.]
* [Plan may place a QR code on materials to provide an option for members to go online.]
* [*Plan is encouraged to include an Index for Providers and for Pharmacies*.]
* [*In accordance with additional plan instructions in the model, the plan has the option of moving general pharmacy information to appear after general provider information ends and before provider listing requirements begin.*]
* [*Wherever possible, the plan is 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 to 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:* **Esta sección se continúa en la página siguente***).*
* *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> | *Directorio de proveedores y farmacias* para 2020**

**Introducción**

Este *Directorio de proveedores y farmacias* incluye información sobre los tipos de proveedores y farmacias en <plan name> y enumera todos los proveedores y farmacias del plan a partir de la fecha de este Directorio. Los listados contienen las direcciones e información de contacto de proveedores y farmacias, así como detalles como los días y horas de operación, especialidades, y habilidades. Palabras importantes y sus definiciones se encuentran en orden alfabético en el último capítulo del *Manual del miembro*.

[*Plan 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.*]

Tabla de Contenido

[A. Renuncias de garantías 8](#_Toc16146798)

[B. Proveedores 9](#_Toc16146799)

[B1. Términos claves 9](#_Toc16146800)

[B2. Proveedor de cuidados primarios (PCP) 11](#_Toc16146801)

[B3. Servicios y respaldos a largo plazo (LTSS) 12](#_Toc16146802)

[B4. Cómo identificar los Proveedores de la red de <plan name> 12](#_Toc16146803)

[B5. Cómo encontrar proveedores de <plan name> en su área 13](#_Toc16146804)

[B6. Lista de proveedores de la red 13](#_Toc16146805)

[C. Proveedores de red de <plan name> 15](#_Toc16146806)

[C1. [*Include Provider Type (e.g.,* Médicos personales, Especialistas – Cardiología, Proveedores de respaldo – Agencias de salud en el hogar*)*] 16](#_Toc16146807)

[C2. [*Include Facility Type (e.g.,* Hospitales, Instituciones de enfermería, Proveedores de respaldo – Alimentos entregados en el hogar*)*] 18](#_Toc16146808)

[D. Lista de farmacias de la red 20](#_Toc16146809)

[D1. Cómo identificar a las farmacias de la red de <plan name> 20](#_Toc16146810)

[D2. Suministro de recetas a largo plazo 21](#_Toc16146811)

[E. Farmacias de la red de <plan name> 22](#_Toc16146812)

[E1. Farmacias minoristas y de cadena 23](#_Toc16146813)

[E2. [*Include if applicable:* Farmacia(s) de pedidos por correo] 24](#_Toc16146814)

[E3. Farmacias de infusiones en el hogar 25](#_Toc16146815)

[E4. Farmacias de cuidados a largo plazo 26](#_Toc16146816)

[E5. Farmacias de Indian Health Service/Tribal/Programa urbano de salud india (I/T/U) [*Note: This section applies only if there are I/T/U pharmacies in the service area*.] 27](#_Toc16146817)

[E6. Farmacias de la red fuera de <geographic area> [*Note: This category is optional for plans to include*.] 28](#_Toc16146818)

[F. [*Optional:* Índice de proveedores y farmacias] 30](#_Toc16146819)

[F1. Proveedores 30](#_Toc16146820)

[F2. Farmacias 30](#_Toc16146821)

# A. Renuncias de garantías

* [*Plan must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*]
* Este Directorio contiene los profesionales del cuidado de salud (como médicos, enfermeras de práctica avanzada y sicólogos) o las instituciones (como hospitales o clínicas) y los proveedores de respaldo (como las Guarderías para personas de la tercera edad y Proveedores de salud en el hogar) que usted puede visitar como Miembro de <plan name>. También contiene las farmacias que usted puede usar para recibir sus medicamentos de receta.
* En este Directorio nos referiremos a estos grupos como "proveedores de la red." Estos proveedores firmaron un contrato con nosotros para proporcionarle servicios a usted. Ésta es una lista de proveedores de la red de <plan name> para Rhode Island.
* ATENCIÓN: If you speak [insert language of the disclaimer], language assistance services, free of charge, are available to you. Llame al [insert Member Services toll-free phone and TTY numbers, and days and hours of operation]. Los usuarios de TTY deben llamar al <TTY number>. La llamada es gratuita. [*This disclaimer must be included in Spanish and all non-English languages that meet the Medicare and/or state thresholds for translation.*]
* Usted también puede obtener este documento gratis en otros formatos, como letras grandes, braille o audio. Llame a <Member Services> al <toll free number>, <days and hours of operation>. Los usuarios de TTY deben llamar al <TTY number>. La llamada es gratuita.
* [Plan also must simply describe:
  + how it will request a member’s preferred language other than English and/or alternate format,
  + how it 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*.]
* La lista está actualizada hasta el <**date of publication**>, pero usted debe saber que:
* Podríamos haber agregado o retirado algunos proveedores de la red de <plan name> después de la publicación de este Directorio.
* Posiblemente algunos proveedores de <plan name> de nuestra red ya no acepten miembros nuevos. Si usted tiene algún problema para encontrar un proveedor que acepte miembros nuevos, llame a <Member Services> al <toll free number> y le ayudaremos.
* Para obtener la información más actual sobre la red de proveedores de <plan name> en su área, vaya a <web address> o llame a <Member Services> al <toll free number>, <Member Services> <days and hours of operation>. La llamada es gratuita. [TTY: <TTY number>.]

Los médicos y otros profesionales de cuidado de salud de la red de <plan name> están anotados en las páginas <page numbers>. Las farmacias de nuestra red se encuentran en las páginas <page numbers>. [*If plan includes an Index for Providers and for Pharmacies, insert*: Usted puede usar el Índice al final del Directorio para encontrar la página en donde se encuentra un proveedor o una farmacia.]

# B. Proveedores

## B1. Términos claves

Esta sección explica términos claves que usted encontrará en nuestro *Directorio de proveedores y farmacias*.

* **Los proveedores** son profesionales del cuidado de salud y proveedores de apoyo, como médicos, enfermeras, farmacéuticos, terapeutas, servicios dentales, proveedores de servicios de visión, y otras personas que proporcionan cuidado y servicios. **Los servicios** incluyen cuidado médico, servicios y respaldos a largo plazo (LTSS, por sus siglas en inglés), suministros, medicamentos de receta, equipos y otros servicios.
  + El término proveedores también incluye instituciones, como hospitales, clínicas y otros sitios que proporcionan servicios de cuidado de salud, equipo médico y servicios y respaldos a largo plazo.
  + A los proveedores que son parte de la red de nuestro plan les llamamos proveedores de la red.
* **Los proveedores de la red** son los proveedores que tienen contratos para proporcionar servicios a los miembros de nuestro plan. [Plan may delete the next sentence if it is not applicable.] Los proveedores de nuestra red, de manera general, nos cobran directamente por el cuidado que le dan a usted. Cuando usted visite a un proveedor de la red, generalmente no pagará nada por los servicios cubiertos. Sin embargo, si usted recibe o es elegible para LTSS, posiblemente tenga que pagar parte del costo de esos servicios. Esta cantidad la determina Rhode Island Medicaid.
* Un **Proveedor de cuidados primarios** (PCP) es [plan should include examples as they see fit] quien le da el cuidado de salud de rutina. Su PCP llevará sus expedientes médicos y con el tiempo le conocerá a usted y a sus necesidades de salud. [Plan should include this sentence if applicable to plan arrangement: Su PCP también le dará una **pre-autorización** si usted tiene que consultar un especialista u otro proveedor.]
* **Los especialistas** son médicos que proporcionan servicios de cuidado de salud para una enfermedad o parte del cuerpo específicas. Existen muchos tipos de especialistas. Aquí hay unos cuantos ejemplos:
  + Los oncólogos cuidan de pacientes con cáncer.
  + Los cardiólogos cuidan de pacientes con enfermedades del corazón.
  + Los ortopedistas cuidan de pacientes con ciertas enfermedades óseas, de articulaciones o musculares.
* [If the plan assigns members to medical groups, it must *clearly and briefly define the term “medical group.” Plan must also include a reference to additional information in Section B2 that explains a medical group’s potential impact on enrollees*.]
* [Plan should delete this paragraph if it doesn’t require referrals for any services.] Posiblemente necesite una **pre-autorización** para ver a un especialista o a alguien que no sea su PCP. Una **pre-autorización** significa que su proveedor de cuidado personal (PCP) debe darle su aprobación antes de que usted pueda ver al alguien que no es su PCP. Si usted no obtiene la aprobación, <plan name> podría no cubrir el servicio.
  + No se necesitan pre-autorizaciones de [insert as applicable: su PCP de la red **or** nuestro plan] para:
* Cuidados de emergencia;
* Cuidado necesario urgentemente;
* Servicios de diálisis renal que usted recibe en una institución de diálisis certificada por Medicare, cuando usted está fuera del área de servicio del plan o
* Servicios de un especialista en salud femenina.
  + [*Plan may insert additional exceptions as appropriate.*]
  + Además, si usted es elegible para recibir servicios de proveedores de salud indios, usted puede ver a estos proveedores sin pre-autorización. Debemos pagar al proveedor de salud indio por esos servicios, aunque estén fuera de la red de nuestro plan.
  + Encontrará más información sobre pre-autorizaciones en el Capítulo 3 del *Manual del miembro* [plan may insert reference, as applicable].
* Usted también tiene acceso a un [insert as applicable: **coordinador/administrador de cuidados** and/or **equipo de cuidados**], que usted elige.
  + Un **Coordinador o administrador de cuidados** le ayuda a administrar sus proveedores y sus servicios. de cuidado de salud.
  + Su **Equipo de cuidados** [insert description of the care team as appropriate to the plan]. Todos los integrantes del equipo de cuidados trabajan juntos para asegurarse que sus cuidados sean coordinados. Esto significa que se aseguran que le hagan una sola vez las pruebas y exámenes de laboratorio y que los resultados sean compartidos con los proveedores apropiados. Esto también significa que su PCP debe saber todos los medicamentos que usted tome, para poder reducir cualquier efecto secundario negativo. Su PCP obtendrá siempre su permiso antes de compartir su información médica con otros proveedores.

## B2. Proveedor de cuidados primarios (PCP)

Usted puede recibir servicios de cualquier proveedor de nuestra red que acepte miembros nuevos.

Primero, usted [tendrá que **or** deberá] elegir un Proveedor de cuidados primarios. [If appropriate, include: Usted puede tener un especialista como su 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: Los PCP de nuestro plan están asociados con grupos médicos. Cuando usted elige su PCP, también está eligiendo el grupo médico asociado. Esto significa que su PCP le dará pre-autorizaciones para especialistas y servicios también asociados con su grupo médico.

* Si hay algún especialista u hospital que usted quiera usar, es importante ver si están asociados con el grupo médico de su PCP. Usted puede ver en este Directorio o preguntar a Servicios al miembro de <plan name> si el PCP que usted quiere da pre-autorizaciones para ese especialista o usa ese hospital.
* Si usted no se queda dentro del grupo médico de su PCP, es posible que <plan name> no cubra el servicio.]

Para elegir un PCP, vaya a la lista de proveedores de la página <page numbers> y elija un Proveedor:

* Que usted consulte ahora **o**
* Que le haya recomendado alguien en que usted confíe **o**
* Que tenga un consultorio al que pueda llegar fácilmente.

[Plan may modify the bullet text listed above or add additional language as appropriate.]

* Si quiere ayuda para elegir un PCP, por favor llame a <Member Services> al <toll free number>. La llamada es gratuita. [TTY: <TTY number>.] O, vaya a <web address>.
* Si tiene alguna pregunta sobre si pagaremos algún servicio o cuidado de salud que usted quiera o necesite, llame a <Member Services> y pregunte, antes de recibir los servicios o el cuidado.

## B3. Servicios y respaldos a largo plazo (LTSS)

Como miembro de <plan name>, usted podría obtener servicios y respaldos a largo plazo (LTSS), como [insert examples with explanations of services available to members]. LTSS ayudan a personas que necesitan asistencia para realizar tareas cotidianas, como bañarse, vestirse, preparar la comida y tomar medicamentos. La mayoría de esos servicios son proporcionados en su hogar o en su comunidad, pero podrían ser proporcionados en un hogar de cuidados para personas de la tercera edad en un hospital.

[Plan should include information regarding accessing LTSS and talking with a Care Coordinator.]

## B4. Cómo identificar los Proveedores de la red de <plan name>

[Plan should delete this paragraph if it doesn't require referrals for any services.] Posiblemente necesite una pre-autorización para consultar a una persona que no sea un Proveedorde cuidados primarios.Hay más información sobre pre-autorizaciones en la Sección B1 de este Directorio, en la página <page number>.

[HMO plan types must include the following language through the end of the section.] Usted deberá recibir todos sus servicios cubiertos de proveedores dentro de nuestra red [insert if applicable: asociados con el grupo médico de su PCP]*.* Si visita proveedores que no estén en la red de <plan name> [insert if applicable: y no están asociados con el grupo médico de su PCP] (sin autorización previa de nosotros o sin nuestra aprobación), usted tendrá que pagar la factura.

|  |
| --- |
| Una **autorización previa** es una aprobación de <plan name> que tiene que recibir antes de poder obtener ciertos servicios, medicamentos o ver un proveedor fuera de red. Es posible que <plan name> no cubra el servicio o medicamento si no recibe aprobación. |

Las excepciones a esta regla son cuando usted necesite cuidado urgente o de emergencia o diálisis y no puede ir a un proveedor del plan, como cuando usted y su familia están lejos de casa. [Plan may insert additional exceptions as appropriate.] Usted también puede ir fuera del plan [insert if applicable: o del grupo médico de su PCP] para otros servicios fuera de emergencias, si <plan name> le da permiso antes.

* Usted puede cambiar de proveedores dentro de la red en cualquier momento durante el año. Si ha estado consultando a un proveedor de la red, usted no tiene que seguir viendo a ese proveedor. [*Plan should modify or add language with plan specific rules about PCP changes. Plan should include the following language if appropriate:* Para algunos proveedores, posiblemente necesite una pre-autorización de su PCP.]
* [Insert if applicable: Recuerde, los PCP de nuestro plan están asociados con grupos médicos. Si usted cambia su PCP, posiblemente también cambie de grupo médico. Cuando pida el cambio, asegúrese de avisar a <Member Services> si está viendo un especialista o si está recibiendo otros servicios cubiertos que requieran la aprobación de su PCP. <Member Services> le ayudará a asegurarse que usted pueda continuar sus cuidados especializados y otros servicios cuando cambie de PCP.]
* <plan name> trabaja con todos los proveedores de nuestra red, para adaptarse a las necesidades de las personas con discapacidades. La lista de proveedores de la red de este directorio, como sea aplicable, incluye la información sobre las adaptaciones que proporcionan los proveedores.
* Si tiene que consultar a un proveedor y no está seguro de que ofrezca las adaptaciones que usted necesita, <plan name> puede ayudarle. Hable con su [insert as appropriate: equipo de cuidados **or** coordinador de cuidados **or** asistente certificado **or** other appropriate reference] para que le ayuden.

## B5. Cómo encontrar proveedores de <plan name> en su área

[Plan should describe how an enrollee can find a network provider nearest his or her home relative to the organizational format used in the Directory.]

## B6. Lista de proveedores de la red

Este Directorio de proveedores de la red de <plan name> contiene:

* **Profesionales del cuidado de salud** incluyendo médicos personales, especialistas y [*insert any other types of health care professionals the plan is required to include*];
* **Instituciones** incluyendo hospitales, instituciones de enfermería, instituciones de salud mental, y [insert any other types of facilities the plan is required to include]y
* **Proveedores de respaldo** incluyendo servicios de día para adultos, vida asistida, servicios dirigidos por el consumidor, alimentos entregados en el hogar, agencias de salud en el hogar y [insert any other types of support providers the plan is required to include].

Los proveedores están enumerados en orden alfabético por apellido. [*Insert if applicable*: Usted también puede encontrar el nombre del proveedor y la página en donde se encuentra información adicional del proveedor en el Índice al final del Directorio. Los proveedores también se enumeran en orden alfabético por apellido en el Índice.] Además de la información de contacto, las listas de proveedores también incluyen las especialidades y habilidades, por ejemplo, lenguajes hablados o capacitación de conocimiento cultural.

|  |
| --- |
| **Capacitación de conocimiento cultural** es instrucción adicional para nuestros proveedores de salud que los ayuda a entender mejor sus antecedentes, valores, y creencias para adaptar sus servicios a sus necesidades sociales, culturales, y de idioma. |

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

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

[*Plan has the option to move general pharmacy information from pages 20-21 to appear here before provider listings begin.*]

# C. Proveedores de red de <plan name>

**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. Tipo de proveedor [Plans are required to include all of the specific provider types included in the categories for health care professionals, facilities, and support providers above.]
2. Condado [List alphabetically.]
3. Ciudad [List alphabetically.]
4. Barrio, Código postal [Optional: For larger cities, plans may further subdivide providers by zip code or neighborhood.]
5. Proveedor [List alphabetically.]

[Insert if applicable: Los proveedores de este Directorio están organizados alfabéticamente por grupo médico.] Usted puede recibir servicios de cualquiera de los proveedores de esta lista [insert if applicable: que están asociados con el grupo médico de su PCP].

[Plan should include the following language if referrals are required under the plan: Para algunos servicios, posiblemente necesite una pre-autorización de su PCP.]

[**Note:** The following pages contain Directory requirements and sample formatting for provider types. Some provider types may include **both** health care professionals **and** facilities (e.g., Mental Health). Some provider types, particularly in the support provider category, may include **either** health care professionals (e.g., Consumer-Directed Services, Home Health Agencies) or facilities (e.g., Adult Day Services, Home-Delivered Meals). In consultation with the State, plan should use reasonable judgment to determine each network provider’s type and include its applicable requirements according to the examples on the following pages. The plan should include **location-specific requirement**s (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. *The plan is 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. Plan 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. [Include Provider Type (e.g., Médicos personales, Especialistas – Cardiología, Proveedores de respaldo – Agencias de salud en el hogar)]

**<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:*** *The plan 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, plan may enter a statement such as:* Llame a<Member Services> al <toll free number> y <TTY number>, <days and hours of operation>, si necesita más información sobre los otros credenciales de un proveedor y/o certificaciones, realización de capacitación de competencia cultural, y/o áreas de entrenamiento y experiencia.]

[Optional: 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.] [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). Plan 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. Plan 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). Plan 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. [Include Facility Type (e.g., Hospitales, Instituciones de enfermería, Proveedores de respaldo – Alimentos entregados en el hogar)]

[**Note:** Plans may include all nursing facilities in one type and indicate what kind of nursing facility it is (e.g., skilled, long-term care, or rehabilitation) 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* ***all*** *facilities 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****:* *Plan may satisfy “as applicable” requirements either at the individual facility level throughout or by inserting a prominent statement indicating that members may call <Member Services> to get the information. For example, plan may enter a statement such as:* Llame a <Member Services> al <toll free number> y <TTY number>, <days and hours of operation>, si necesita más información sobre la información de licenciatura de una facilidad, sus otros credenciales y/o certificaciones, y/o días y horas de operación.]

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

[Optional: 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). Plan 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. Plan 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.) Plan 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.]

[*The plan has the option to move the following general pharmacy information from pages 20-21 to start on page 15 before provider listing requirements begin.*]

# D. Lista de farmacias de la red

Esta parte del Directorio ofrece una lista de farmacias de la red de <plan name>. Estas farmacias de la red son farmacias que han aceptado proporcionarle a usted medicamentos de receta como miembro del plan.

[If a plan lists pharmacies in its network but outside the service area, it must use this disclaimer:] También anotamos farmacias que son parte de nuestra red, pero que están fuera del área de <geographic area> donde usted vive. Usted también podrá surtir sus recetas en estas farmacias. Por favor comuníquese con <plan name> al <toll free number>, <days and hours of operation>, para pedir información adicional.

* Los miembros de <plan name> deben usar farmacias de la red para obtener medicamentos de receta.
  + Usted deberá usar farmacias de la red, excepto en situaciones de emergencia o de urgencia.
  + Si visita una farmacia fuera de la red para buscar medicamentos de receta fuera de una emergencia, usted tendrá que pagar de su bolsillo por el servicio. Lea el *Manual del miembro* de <plan name> para obtener más información.
* Algunas farmacias de la red podrían no estar anotadas en este Directorio.
  + Podríamos haber agregado o borrado algunas farmacias de la red después de la publicación de este Directorio.

Para encontrar información actual sobre las farmacias de la red de <plan name> en su área, por favor vaya a nuestro sitio web <web address> o llame a <Member Services> al <toll free number>. La llamada es gratuita. [TTY: <TTY number>.]

Para obtener una descripción completa de su cobertura de medicamentos de receta, incluyendo cómo surtir sus recetas, por favor lea el *Manual del miembro* y la *Lista de medicamentos cubiertos* de <plan name>. [Insert information about where members can find the List of Covered Drugs.]

## D1. Cómo identificar a las farmacias de la red de <plan name>

Junto con farmacias minoristas, la red de farmacias de su plan incluye:

* [*Plan should insert only if they include mail-order pharmacies in their network.*] Farmacias de pedidos por correo envían medicamentos de receta cubiertos a miembros a través del correo o compañías de envíos.
* Farmacias de infusiones en el hogar preparan medicamentos de recetas que se administran en su casa a través de una vena, dentro de un músculo, o en otra manera no oral por un proveedor entrenado.
* Farmacias de cuidados a largo plazo (LTC) atienden a residentes de respaldos a largo plazo, como hogares de ancianos.
* [Plan should insert only if they include I/T/U pharmacies in their network.] Farmacias de Indian Health Service/Tribal/Programa urbano de salud india (I/T/U)
* [*Plan should insert any additional pharmacy types in their network. The plan is encouraged to provide a definition of any additional specialty pharmacies in its network.*]

No se requiere que usted siga visitando las mismas farmacias para surtir sus recetas.

## D2. Suministro de recetas a largo plazo

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

* **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener suministros de sus medicamentos de receta de hasta <number> días, enviados directamente a su hogar. [*Plan may insert if applicable:* Un suministro para <number> días tiene el mismo copago que el suministro para un mes.]
* **Programas de farmacias minoristas de <number>** **días.** Algunas farmacias minoristas también pueden ofrecer un suministro de hasta <number> días de medicamentos de medicamentos de receta cubiertos. [Plan may insert if applicable: Un suministro para <number> días tiene el mismo copago que el suministro para un mes.]

# E. Farmacias de la red de <plan name>

**Recommended organization:** [Plans are required to include all of the following fields but have discretion regarding the organizational layout used.]

1. Tipo de Farmacia [del plan, de pedidos por correo, de infusión en el hogar, I/T/U]
2. Estado [Include only if Directory includes multiple states.]
3. Condado [List alphabetically.]
4. Ciudad [List alphabetically.]
5. Barrio, Código postal [Optional: For larger cities, pharmacies may be further subdivided by zip code or neighborhood.]
6. Farmacia [List alphabetically.]

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

[**Note:** Plan that makes **all** network pharmacies available to **all** members must insert: You can go to any of the pharmacies in our network. Plan that does **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. The plan is 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. Plan should consider using three-column tables in provider listings to optimize visibility and space.]

## E1. Farmacias minoristas y de cadena

**<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. If it is, the Directory may simply state, “Abierto las 24 horas.” See 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:** The plan is expected to create one alphabetical list integrating both retail and chain pharmacies, but the information supplied may vary for retail versus chain pharmacies. Plan is 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, plan 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, plan should include a central number for the pharmacy chain. If the chain pharmacy does not have a central number for enrollees to call, then plan must list each chain pharmacy and phone number in the Directory. If the chain pharmacy does not have a TTY number, plan is instructed to list the TRS Relay number 711. Plan should not list its own Member Services number as a pharmacy phone number or TTY number.]

## E2. [Include if applicable: Farmacia(s) de pedidos por correo]

[Include if applicable: Usted puede recibir medicamentos de receta enviados a su hogar a través de nuestro programa de pedidos por correo de nuestra red [plan may insert: llamado <name of program>]. *Plan* *is expected to advise members that pharmacies are to obtain consent before shipping or delivering any prescriptions the member does not personally initiate.*]

[If the plan's network mail order services provides automated delivery, insert the following sentence: También tiene la opción de inscribirse para entregas automáticas de pedidos por correo [plan may insert: a través de nuestro <name of program>].] [Plan has the option to insert either laborables **or** calendario **or** neither after “días” in the following sentence:] Generalmente, usted debe esperar recibir sus medicamentos de receta [insert as applicable: dentro de <number> días **or** de <number> a <number> días] desde el momento en que la farmacia de pedidos por correo recibe su pedido. Si no recibe sus medicamentos dentro de este plazo, [insert as applicable: si quiere cancelar un pedido automático] o si tiene que pedir un reembolso por medicamentos que recibió y no quería o no necesitaba, por favor comuníquese con nosotros al <toll free number>. [TTY: <TTY number>. Lea el Capítulo 5 del *Manual del miembro*,[*plan may insert reference, as applicable*] para más información sobre farmacias de pedidos por correo].

**<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. If it is, the Directory may simply state, “*Abierto las 24 horas*.”*]

[*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. Farmacias de infusiones en el hogar

[**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>**

**<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.] [**Note:** Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. If it is, the Directory may simply state, “Abierto las 24 horas.”]

[Optional: <Special Services:>]

[Optional: 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. Farmacias de cuidados a largo plazo

Los residentes de una institución de cuidados a largo plazo, como un hogar para personas de la tercera edad, pueden acceder a sus medicamentos de receta cubiertos por <plan name> a través de la farmacia de la institución o de otra farmacia de la red. To learn more about drug coverage in special cases, see Chapter 5 of the *Member Handbook*, [*plan may insert reference, as applicable*].

[**Note:** Plan should provide any additional information on long-term care pharmacy services in their network and how enrollees can get more information. If applicable, plan should include a statement noting its long-term care pharmacies service all counties in the plan service area rather than denoting specific county information below. If the plan has a long-term care pharmacy servicing multiple counties, 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. If it is, the Directory may simply state, “Abierto las 24 horas.”]

[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. Farmacias de Indian Health Service/Tribal/Programa urbano de salud india (I/T/U) [Note: This section applies only if there are I/T/U pharmacies in the service area.]

Sólo los indígenas americanos y los nativos de Alaska tienen acceso a las farmacias de Indian Health Service / Tribu / Programa urbano de salud india (I/T/U) a través de la red de farmacias de <plan name>. Para aquellos que no sean indígenas americanos y nativos de Alaska, es posible que puedan ir a estas farmacias bajo circunstancias limitadas (por ejemplo: emergencias).

[**Note:** Plan 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. If it is, the Directory may simply state,* “Abierto las 24 horas.*”*]

[*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. Farmacias de la red fuera de <geographic area> [Note: This category is optional for plans to include.]

Usted puede obtener sus medicamentos cubiertos en cualquiera de las farmacias de nuestra red. Esto incluye las farmacias de nuestra red fuera de su área de servicio.

**<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. If it is, the Directory may simply state, “Abierto las 24 horas.”]

[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. If it is, the Directory may simply state, “Abierto las 24 horas.”]

[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.]

# F. [Optional: Índice de proveedores y farmacias]

[*If the plan adds an Index, it 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. Proveedores

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

## F2. Farmacias

[*Plan must present entries in alphabetical order.*]