**Instructions to the Health Plan**

* [Distribution Note: Enrollment – The plan must provide a Provider and Pharmacy Directory or information about how to access or get a Directory to each Participant upon enrollment. The plan must ensure that an online Directory contains all the information required in a print Directory. Refer to the State’s specific FIDA-IDD 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/index.html*](https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html).]
* [The plan is encouraged to make Directory content on its websites 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.]
* [The plan may provide subdirectories (e.g., by specialty, by county) to Participants if the subdirectory clearly states that the complete Directory of all of its providers and pharmacies is available and will be provided to Participants when they ask for it. 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. The plan may publish separate primary care and specialty directories if both directories are made available to Participants at the time of enrollment.]
* [The plan may add a cover to the Directory. The plan may include the Material ID only on the first page.]
* [The plan should note that the EOC is referred to as the “Participant Handbook.” The plan must use the term “Participant Handbook.”]
* [Where the template instructs inclusion of a phone number, the plan must ensure it is a toll-free number and include a toll-free TTY number and days and hours of operation.]
* [If the plan assigns Participants to medical groups, the plan 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.]
* [The plan should indicate that the Directory includes providers of both Medicare and Medicaid services.]
* [The plan may place a QR code on materials to provide an option for Participants to go online.]
* [The 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 Covered Items and Services Chart in Chapter 4 of the Participant Handbook, insert: **This section is continued on the next page**).
* 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> | <year> *Provider and Pharmacy Directory*

Introduction

This *Provider and Pharmacy Directory* includes information about the provider and pharmacy types in <plan name> and listings of all the plan’s providers and pharmacies as of the date of this Directory. The listings contain provider and pharmacy address and contact information as well as other details such as days and hours of operations, specialties, and skills. Key terms and their definitions appear in alphabetical order in the last chapter of the *Participant Handbook*.

[The 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.]

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A. Disclaimers

* [The plan must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.]
* This Directory lists health care professionals (such as doctors, nurse practitioners, and psychologists), facilities (such as hospitals or clinics), support providers (such as Adult Day Health and Home Health providers), providers of developmental disability services, and Office for People With Developmental Disabilities (OPWDD) waiver service providers that you may see as a <plan name> participant. We also list the pharmacies that you may use to get your prescription drugs.
* We will refer to these groups as “network providers” in this Directory. These providers signed a contract with us to provide you services. This is a list of <plan name>’s network providers for [insert description of the plan’s service area, including a list of counties and cities/towns.]
* ATTENTION: If you speak [insert language of the disclaimer], language assistance services, free of charge, are available to you. Call [insert Participant Services toll-free phone and TTY numbers and days and hours of operation]. The call is free. [This disclaimer must be included in all non-English languages that meet the Medicare and/or state thresholds for translation.]
* You can get this document for free in other formats, such as large print, braille, or audio. Call [insert Participant Services toll-free phone and TTY numbers and days and hours of operation]. The call is free.
* [The plan also must simply describe:
  + how it will request a Participant’s preferred language other than English and/or alternate format,
  + how it will keep the Participant’s information as a standing request for future mailings and communications so the Participant does not need to make a separate request each time, and
  + how a Participant can change a standing request for preferred language and/or format.]
* The State of New York has created a Participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by <plan name>. ICAN may be reached toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at [icannys.org](file:///C:/Users/D3RB/AppData/Local/Temp/1.%20Working%20Draft/icannys.org).
* The list is up-to-date as of <**date of publication**>, but you need to know that:
* Some <plan name> network providers may have been added or removed from our network after this Directory was published.
* Some <plan name> providers in our network may no longer be accepting new Participants. If you are having trouble finding a provider who will accept new Participants, call Participant Services at <toll-free number> and we will help you.
* To get the most up-to-date information about <plan name>’s network providers in your area, visit <web address>or call Participant Services at <toll-free number>, <days and hours of operation>. The call is free. [TTY: <toll-free number>.]

Doctors, other health care professionals, and other service providers in <plan name>’s network are listed on pages <page numbers>. Pharmacies in our network are listed on pages <page numbers>. [If plan includes an Index for Providers and for Pharmacies, insert: You can use the Index in the back of the Directory to find the page where a provider or pharmacy is listed.]

B. Providers

## B1. Key terms

This section explains key terms you’ll see in our *Provider and Pharmacy Directory*.

* **Providers** are health care professionals and support providers such as doctors, nurses, pharmacists, therapists, and other people who provide care and services. **Services** include medical care, long-term services and supports (LTSS), supplies, prescription drugs, equipment, day treatment, residential habilitation, and other services.
  + The term providers also includes facilities such as hospitals, OPWDD certified outpatient clinics, intermediate care facilities (ICFs), and other places that provide medical services, medical equipment, and LTSS.
  + Providers that are a part of our plan's network are called **network providers**.
* **Network providers** are the providers that have contracted with us to provide services to Participants in our plan. The providers in our network may only bill us for care they give you. When you see a network provider, you usually pay nothing for covered services.
  + If you are eligible to get services from Indian health providers, you may see these providers even if they are out of our plan’s network.
* A **Primary Care****Provider**(PCP) is a [the plan should include examples as it sees fit] who gives you routine health care. Your PCP will keep your medical records and get to know your health needs over time. Your PCP will participate on your Interdisciplinary Team (IDT) and help in planning your care and ensuring that you get necessary services.
* **Specialists** are doctors who provide health care services for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:
  + Oncologists care for patients with cancer.
  + Cardiologists care for patients with heart conditions.
  + Orthopedists care for patients with certain bone, joint, or muscle conditions.
* **Waiver Service Providers** provide certain services to Participants who are enrolled in the OPWDD Home and Community Based Services (HCBS) waiver. Here are a few examples:
  + Assistive Technology/Adaptive Technology
  + Residential Habilitation
  + Pre-Vocational Services
* [If the plan assigns Participants to medical groups, it must clearly and briefly define the term “medical group.” The plan must also include a reference to additional information in Section B2 that explains a medical group’s potential impact on Participants.] You also have access to a **Care Manager** and **IDT** that you help choose.
  + A **Care Manager** works closely with you and your IDT to develop a Life Plan that helps you manage your medical, developmental disability, habilitation, behavioral health, LTSS, and social and functional needs.
  + Your **IDT** helps to coordinate your care. This means that they make sure your providers know about care you get, medicines you take, tests and labs are done once, and the results are shared with the appropriate providers. You and your IDT will develop your Life Plan, which will list all of your needs and services, personal choices, set goals to address those needs, services, and personal choices, and determine ways to monitor them. Your IDT will be in contact with you as often as needed. Your IDT includes:
    - You and your caregiver/guardian or designee(s);
    - Your Care Manager;
    - Your primary providers of developmental disability services, who have knowledge of your desired outcomes and service needs;
    - Additional individuals, including:
      * Your PCP, including a physician, nurse practitioner, physician assistant, or specialist who has agreed to serve as your PCP, or a designee from your PCP’s practice who has clinical experience (such as a registered nurse, nurse practitioner, or physician assistant) and knowledge of your needs;
      * Your Behavioral Health (BH) Professional, if you have one, or a designee from your BH Professional’s office (or practice) who has clinical experience and who has knowledge of your needs;
      * Your home care aide(s), or a designee with clinical experience from the home care agency who has knowledge of your needs, if you are getting home care and approve the home care aide/designee’s participation on the IDT;
      * Other providers either as you or your caregiver/guardian or designee asked for, or as recommended by the IDT members as necessary for care planning and approved by you or your designee.

## B2. Primary Care Provider (PCP)

You can get services from any provider who is in our network and accepting new Participants.

First, you [will need to **or** should] choose a PCP. [If appropriate, include: You may be able to have a specialist act as your PCP. If applicable, describe circumstances under which a specialist may act as a PCP and how to ask for one (e.g., call Participant Services).]

[Insert if applicable: Our plan’s PCPs are affiliated with medical groups. When you choose your PCP, you are also choosing the affiliated medical group. This means that your PCP will be referring you to specialists and services that are also affiliated with his or her medical group.

* If there is a particular specialist or hospital that you want to use, it is important to see if they are affiliated with your PCP’s medical group. You can look in this Directory or ask <plan name> Participant Services to check to see if the PCP you want makes referrals to that specialist or uses that hospital.
* If you don’t stay within your PCP’s medical group, <plan name> may not cover the service.]

To choose a PCP, go to the list of providers on page <page number> and choose a provider:

* that you use now, **or**
* who has been recommended by someone you trust, **or**
* whose offices are easy for you to get to.

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

* To get the most up-to-date information about <plan name>’s network providers in your area, visit <web address>or call Participant Services at <toll-free number>, <days and hours of operation>. [TTY: <phone number>.] The call is free.
* If you want help in choosing a PCP, please call Participant Services at <toll-free number>, <days and hours of operation>. The call is free. [TTY: <toll-free number>.] Or, visit <web address>.
* If you have questions about whether any service or care that you want, or need is covered, talk to your Care Manager and IDT or call Participant Services and ask **before** you get the service or care.

## B3. Long-term services and supports (LTSS)

As a <plan name> Participant, you may be able to get LTSS, such as [insert examples with explanations of services available to Participants]. LTSS help people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in an ICF or hospital. A full list of covered LTSS is available in Chapter 4 of your *Participant Handbook*.

[The plan should include information regarding accessing LTSS and talking with a Care Manager and IDT.]

## B4. How to identify providers in <plan name>’s network

You must get all of your covered services from providers within our network [insert if applicable: that are affiliated with your PCP’s medical group]. If you go to providers who are not in <plan name>’s network [insert if applicable: and are not affiliated with your PCP’s medical group] (without prior authorization or approval from your IDT), you will have to pay the bill.

A prior authorization is an approval from <plan name> before you can get a specific service, drug, or see an out-of-network provider. <Plan name> may not cover the service or drug if you don’t get approval.

The exceptions to this rule are when you need urgent or emergency care or dialysis and cannot get to a provider in the plan, such as when you are away from home. [The plan may insert additional exceptions as appropriate.] You can also go outside the plan [insert if applicable: or your PCP’s medical group]for other non-emergency services if <plan name> gives you permission first.

* You may change providers within the network at any time. If you have been going to one network provider, you do not have to keep going to that same provider. [The plan should modify or add language with plan-specific rules about PCP changes.]
* [Insert if applicable: Remember, our plan’s PCPs are affiliated with medical groups. If you change your PCP, you may also be changing medical groups. When you ask for the change, be sure to tell Participant Services if you are seeing a specialist or getting other covered services that require PCP approval. Participant Services will help make sure that you can continue your specialty care and other services when you change your PCP.]
* <Plan name> works with all the providers in our network to accommodate the needs of individuals with intellectual and developmental disabilities. As applicable, the list of network providers in this Directory includes information about the accommodations they provide.
* If you need to see a provider and are not sure if they offer the accommodations you need, <plan name> can help you. Talk to your IDT and Care Managerfor assistance.

## B5. How to find <plan name> providers in your area

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

## B6. List of network providers

This Directory of <plan name>’s network providers contains:

* **Health care professionals and support providers** including PCPs, specialists, developmental disability providers, behavioral health providers, adult day services, day treatment, OPWDD certified outpatient clinics, consumer-directed personal assistance services (CDPAS), home health agencies, non-emergency transportation, personal care services, personal emergency response services (PERS), private duty nursing, and [insert any other types of health care professionals the plan is required to include];
* **Facilities** including hospitals, skilled nursing facilities (SNF), ICFs, mental health facilities, and[insert any other types of facilities the plan is required to include]; and
* **HCBS Waiver** including adaptive technology, community habilitation, day habilitation, intensive behavioral services, pathways to employment, pre-vocational services, residential habilitation, respite, fiscal intermediary, support brokerage, supported employment, community transition services, live-in caregiver services, individual goods and services and environmental modification services. [The plan must insert any other types of waiver service the plan is required to include].

Providers are listed in alphabetical order by last name. [Insert if applicable: You can also find the provider’s name and the page where the provider’s additional contact information is in the Index at the end of the Directory. Providers are also listed in alphabetical order by last name in the Index.] In addition to contact information, provider listings also include specialties and skills, for example, such as languages spoken or completion of cultural competence training.

Cultural competence training is additional instruction for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.

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

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

[The plan has the option to move general pharmacy information from pages 19-20 to appear here before provider listings begin.]

C. <Plan Name>’s network providers

**Recommended organization:** [The plan is required to include all of the following fields but has discretion regarding the organizational layout used. However, a plan that assigns Participants to medical groups must organize the provider listing by medical group.]

**1. Type of Provider** [The plan is required to include all of the specific provider types included in the categories for health care professionals and support providers, facilities, and HCBS waiver providers above. The plan is permitted to list Nursing Facilities and Skilled Nursing Facilities together under the same provider type category.]

**2. County** [List alphabetically.]

**3**. **City** [List alphabetically.]

**4. Neighborhood/Zip Code** [Optional: For larger cities, the plan may further subdivide providers by zip code or neighborhood.]

**5. Provider** [List alphabetically.]

[Insert if applicable: The providers in this Directory are organized alphabetically by medical group.] You may get services from any of the providers on this list [insert if applicable: that are affiliated with your PCP’s medical group]*.*

[**Note:**The following pages contain Directory requirements and sample formatting for provider types. Some provider types may include **both** health care professionals and support providers **and** facilities (e.g., Mental Health). Some provider types may include **either** health care professionals and support providers (e.g., consumer-directed personal assistance services, home health agencies) **or** facilities (e.g., adult day services). In consultation with the State, the 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 requirements** (e.g., public transportation, languages, and 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. The plan should consider using three-column tables in provider listings to optimize visibility and space.]

## C1. The “ADA+” Symbol

If a provider has this symbol – **ADA+** – next to its name, it means that the provider meets the ADA Accessibility standards. This means that the provider meets **all** of the following 25 requirements, except for any that would not apply to that type of provider.

These are the requirements providers have met if they have an “ADA+” symbol next to their names:

1. The office has at least one wheelchair-accessible path from an entrance to an exam room.
2. Exam tables and all equipment are accessible to people with disabilities.
3. Where parking is provided, spaces are reserved for people with disabilities. There are also pedestrian ramps at sidewalks and drop-off zones.
4. Where parking is provided, there is an adequate number of accessible parking spaces (8 feet wide for a car and 5 foot access aisle).
5. For a provider with a disability-accessible parking space, there is a stable, firm, and slip resistant path from the disability-accessible parking space to the facility entrance. The path does not require the use of stairs. Except for curb cuts, the path is at least 36 inches wide.
6. There is a method for people using wheelchairs or that require other mobility assistance to enter as freely as everyone else. That route of travel is safe and accessible for everyone, including people with disabilities.
7. The main exterior entrance door used by people with mobility disabilities to access public spaces meets accessibility standards. This includes a clear opening, low doorstep, and accessible door handle.
8. There are ramps for wheelchair access. The slopes of the ramp are accessible for wheelchair access, the railings are sturdy and high enough for wheelchair access, the width between railings is wide enough to accommodate a wheelchair, and the ramps are nonslip and free from any obstruction (cracks).
9. Where there are stairs at the main entrance, there is also a ramp or lift, or is there an alternative accessible entrance.
10. Any inaccessible entrances have signs indicating the location of the nearest accessible entrance.
11. The accessible entrance can be used independently and without assistance.
12. Doormats are half inch high or less with beveled or secured edges.
13. Waiting rooms and exam rooms are accessible to people with disabilities.
14. The interior layout of the building allows people with disabilities to get materials and services without assistance.
15. The interior doors comply with the criteria listed above for the exterior door.
16. The accessible routes to all public spaces in the facility are 31 inches wide.
17. In public areas where services are provided, there is a 5 foot circle or a T-shaped space for a person using a wheelchair to reverse direction.
18. All buttons or other controls in the hallway are no higher than 42 inches.
19. All elevators in the facility have raised and braille lettering on signs next to the door and on the controls inside the cab. The elevators also have call buttons in the hallway that are not higher than 42 inches.
20. Sign language interpreters and other auxiliary aids and services are provided when needed.
21. The public lavatory is wheelchair-accessible.
22. The public restroom’s exterior door and interior stall doors comply with the standards listed above for exterior doors.
23. There is at least one wheelchair accessible stall in the public restroom that has an area of at least 5 feet by 5 feet, clear of the door swing. Or, there is at least one stall that provides greater access than a typical stall (either 36 by 69 inches, or 48 by 69 inches).
24. In the accessible stall of the public restroom there are grab bars behind and on the side wall nearest the toilet.
25. There is one lavatory in the public restroom that meets accessibility standards, such as an accessible toilet, faucets, and soap dispensers.

**[Sample formatting for health care professionals and non-facility based support providers:]**

## C2. [Include Provider Type (e.g.,Primary Care Physicians, Specialists – Cardiology, Support Providers – Home Health Agencies)]

**<State> | <County>**

**<City/Town>**<Zip Code>

<Provider Name> [Include “ADA+” symbol if appropriate]

<Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[**Note:**Where **all** providers in the plan’s network meet one or more requirements (e.g., their locations are on a public transportation route, they have satisfied the ADA+ criteria), the plan may insert a prominent state 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 Participants may call Participant Services to get the information. For example,“Call Participant Services at <toll-free phone and TTY numbers>, <days and hours of operation>, if you need information about a provider’s other credentials and/or certifications, completion of cultural competency training, and/or areas of training and experience.”]

[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.]

[Indicate if the provider’s location is on a public transportation route. Optional: Include public transportation types (e.g., bus, rail, boat). The 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. The 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). The 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 intellectual and developmental disabilities, physical disabilities, chronic illness, HIV/AIDS, serious mental illness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, ESRD, or other areas of specialty. For behavioral health providers, this includes training in and experience treating trauma and substance abuse.]

[Optional: Indicate if the provider supports electronic prescribing.]

**[Sample formatting for facilities and facility-based support providers:]**

## C3. [Include Facility Type (e.g., Hospitals, Nursing Facilities, Support Providers – Home-Delivered Meals)]

[**Note:** A plan that includes all nursing facilities in one type may indicate what kind of nursing facility it is (e.g., skilled, long-term care, or rehabilitation) and may do so either after the type or after the facility name (e.g., Nursing Facilities – Skilled or <Facility Name> – Rehabilitation). The plan may use abbreviations or symbols if a key is included in the Directory.]

**<State> | <County>**

**<City/Town>**<Zip Code>

<Facility Name> [Include “ADA+” symbol if appropriate]

<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., their locations are on a public transportation route, they have satisfied the ADA+ criteria), the plan may insert a prominent state to that effect at the beginning of the facilities and facility-based support provider listings rather than indicating the requirement(s) at the individual facility and facility-based support provider level throughout.]

[**Note:** The plan may satisfy “as applicable” requirements either at the individual facility level throughout or by inserting a prominent statement indicating that Participants may call Participant Services to get the information. For example, the plan may enter a statement such as:Call Participant Services at <toll-free phone and TTY numbers>, <days and hours of operation>, if you need information about access to language line interpreters.]

[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.]

[Indicate if the facility is on a public transportation route. Optional: Include public transportation types (e.g., bus, rail, boat). The 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. The 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). The 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 19-20 to start on page 11beforeprovider listing requirements begin.]

D. List of network pharmacies

This part of the Directory provides a list of pharmacies in <plan name>’s network. These network pharmacies are pharmacies that have agreed to provide prescription drugs to you as a Participant of the plan.

[If a plan lists pharmacies in its network but outside the service area, it must use this disclaimer:] We also list pharmacies that are in our network but are outside <geographic area> in which you live. You may also fill your prescriptions at these pharmacies. Please contact <plan name> at <toll-free number>, <days and hours of operation>, for additional information.

* <Plan name> Participants must use network pharmacies to get prescription drugs.
  + You must use network pharmacies except in emergency or urgent care situations.
  + If you go to an out-of-network pharmacy for prescriptions when it is not an emergency, you will have to pay out of pocket for the service. Read the <plan name> *Participant Handbook* for more information.
* Some network pharmacies may not be listed in this Directory.
  + Some network pharmacies may have been added or removed from our plan after this Directory was published.

For up-to-date information about <plan name> network pharmacies in your area, please visit our web site at <web address> or call Participant Services at <toll-free number>, <days and hours of operation>. The call is free. [TTY: <toll-free number>.]

To get a complete description of your prescription coverage, including how to fill your prescriptions, please read the *Participant Handbook* and <plan name>’s *List of Covered Drugs*. [Insert information about where Participants can find the List of Covered Drugs.]

## D1. How to identify pharmacies in <plan name’s> network

Along with retail pharmacies, your plan’s network of pharmacies includes:

* [The plan should insert only if it includes mail-order pharmacies in its network.]Mail-order pharmacies send covered prescription drugs to Participants through the mail or shipping companies.
* Home infusion pharmacies prepare prescription drugs that are given through a vein, within a muscle, or in another non-oral way by a trained provider in your home.
* Long-term care (LTC) pharmacies serve residents of long-term care facilities, such as an ICF or SNF.
* [The plan should insert only if it includes I/T/U pharmacies in its network.]Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies
* [The plan should insert any additional pharmacy types in its network. The plan is encouraged to provide a definition of any additional specialty pharmacies in its network.]

You are not required to continue going to the same pharmacy to fill your prescriptions.

## D2. Long-term supplies of prescriptions

[The plan should include only if it offers extended-day supplies at any pharmacy location. The plan should modify the language below as needed, consistent with its approved extended-day supply benefits.]

* **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a <number>-day supply of your prescription drugs sent directly to your home. Just as there is no copay for a one-month supply, there is no copay for a <number>-day supply.
* **<Number>-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a <number>-day supply of covered prescription drugs. Just as there is no copay for a one-month supply, there is no copay for a <number>-day supply.

E. <Plan name>’s network pharmacies

**Recommended organization:** [The plan is required to include all of the following fields but has discretion regarding the organizational layout used.]

**1. Type of Pharmacy** [Plan, Mail Order, Home Infusion, LTC, I/T/U.]

**2. State** [Include only if Directory includes multiple states.]

**3. County** [List alphabetically.]

**4. City** [List alphabetically.]

**5. Neighborhood/Zip Code** [Optional: For larger cities, pharmacies may be further subdivided by zip code or neighborhood.]

**6. Pharmacy** [List alphabetically.]

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

[**Note:** A plan that makes **all** network pharmacies available to **all Participants** must insert: You can go to any of the pharmacies in our network. A plan that does **not** make all network pharmacies available to all Participants must indicate for each pharmacy type or individual pharmacy that the pharmacy type or pharmacy is **not** available to all Participants. 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. The plan should consider using three-column tables in provider listings to optimize visibility and space.]

## E1. The “ADA+” Symbol

If a pharmacy has this symbol – **ADA+** – next to its name, it means that the pharmacy meets the ADA Accessibility standards. This means that the pharmacy meets **all** 25 requirements that are listed on page <page number>, except for any requirements that would not apply to pharmacies. For example, a pharmacy would not have an exam room, so the requirements about an exam room do not apply to a pharmacy.

## E2. Retail and chain pharmacies

**<State> | <County>**

**<City/Town>**<Zip Code>

**<Pharmacy Name>** [Include “ADA+” symbol if appropriate]

<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. The plan may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, the plan may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours. See exceptions in second Note below.”]

[Optional: <Special Services>:] [**Note:** Examples of special services include Home Delivery, Drive Thru, and 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. The 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, the plan may provide a toll-free customer service number and a TTY number that a Participant 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, the plan should include a central number for the pharmacy chain. If the chain pharmacy does not have a central number for Participants to call, then the plan must list each chain pharmacy and phone number in the Directory. If the chain pharmacy does not have a TTY number, the plan is instructed to list the TRS Relay number 711. The plan should not list its own Participant Services number as a pharmacy phone number or TTY number.]

## E3. [Include if applicable: Mail order pharmacy(ies)]

[Include if applicable: You can get prescription drugs shipped to your home through our network mail order delivery program [the plan may insert: which is called <name of program>]. [If applicable, the plan is expected to advise Participants that pharmacies are to obtain consent before shipping or delivering any prescriptions the Participant does not personally initiate.]

The plan whose network mail order services provide automated delivery inserts the following sentence: You also have the choice to sign up for automated mail order delivery [the plan may insert: through our <name of program>.] [The plan has the option to insert either “business” or “calendar” or neither in front of “days” in the following sentence:] Typically, you should expect to get your prescription drugs [insert as applicable: within <number> days or from <number> to <number> days] from the time that the mail order pharmacy gets the order. If you do not get your prescription drug(s) within this time [insert as applicable: , if you would like to cancel an automatic order,] please contact us at <toll-free phone and [TTY numbers>.] To learn more about mail order pharmacies, see Chapter 5 of the Participant Handbook, [plan may insert reference, as applicable].]

**<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. The plan may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, the plan may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services>:] [**Note:** Examples of special services include Home Delivery, Drive Thru, and Compounds Prepared.]

[Optional: Indicate if the pharmacy provides an extended day supply of medications.]

[Optional: Indicate if the pharmacy supports electronic prescribing.]

## E4. Home infusion pharmacies

[**Note:** The plan should provide any additional information on home infusion pharmacy services in its plan and how Participants can get more information. If applicable, the plan should include a statement noting its home infusion pharmacies service all counties in the plan service area rather than denoting specific county information below. A plan with a home infusion pharmacy servicing multiple counties should list the counties alphabetically.]

**<State> | <County or Counties>**

**<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. The plan may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, the plan may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services>:] [**Note:** Examples of special services include Home Delivery, Drive Thru, and Compounds Prepared.]

[Optional: Indicate if the pharmacy provides an extended day supply of medications.]

[Optional: Indicate if the pharmacy supports electronic prescribing.]

## E5. Long-term care pharmacies

Residents of a long-term care facility, such as an ICF or SNF, may access their prescription drugs covered under <plan name> through the facility’s pharmacy or another network pharmacy. To learn more about drug coverage in special cases, see Chapter 5 of the *Participant Handbook*, [plan may insert reference, as applicable].

[**Note:** The plan should provide any additional information on long-term care pharmacy services in its network and how Participants can get more information. If applicable, the 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. A plan with a long-term care pharmacy servicing multiple counties should list the counties alphabetically.]

**<State> | <County or Counties>**

**<City/Town>**<Zip Code>

<Pharmacy/Long-Term Facility Name> [Include “ADA+” symbol if appropriate]

<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. The plan may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, the plan may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services>:] [**Note:** Examples of special services include Home Delivery, Drive Thru, and Compounds Prepared.]

[Optional: Indicate if the pharmacy provides an extended day supply of medications.]

[Optional: Indicate if the pharmacy supports electronic prescribing.]

## E6. Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies [Note: This section applies only if there are I/T/U pharmacies in the service area.]

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through <plan name>’s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to go to these pharmacies under limited circumstances (e.g., emergencies).

[**Note:** The plan should provide any additional information on I/T/U pharmacy services in its network and how Participants can get more information.]

**<State> | <County>**

**<City/Town>**<Zip Code>

<Pharmacy Name> [Include “ADA+” symbol if appropriate]

<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. The plan may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, the plan may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services>:] [**Note:** Examples of special services include Home Delivery, Drive Thru, and Compounds Prepared.]

[Optional: Indicate if the pharmacy provides an extended day supply of medications.]

[Optional: Indicate if the pharmacy supports electronic prescribing.]

## E7. Network pharmacies outside the <geographic area> [Note: This category is optional for the plan to include.]

You can get your drugs covered at any of our network pharmacies. This includes our network pharmacies outside of our service area.

**<State> | <County>**

**<City/Town>**<Zip Code>

<Pharmacy Name> [Include “ADA+” symbol if appropriate]

<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. The plan may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, the plan may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services>:] [**Note:** Examples of special services include Home Delivery, Drive Thru, and 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 the plan 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> [Include “ADA+” symbol if appropriate]

<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. The plan may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, the plan may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”]

[Optional: <Special Services>:] [**Note:** Examples of special services include Home Delivery, Drive Thru, and Compounds Prepared.]

[Optional: Indicate if the pharmacy provides an extended day supply of medications.]

[Optional: Indicate if the pharmacy supports electronic prescribing.]

F. [Optional:Index of Providers and Pharmacies]

[The plan that adds an Index 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. Providers

[The plan must present entries in alphabetical order by provider’s last name.]

## F2. Pharmacies

[The plan must present entries in alphabetical order.]