

2016 Model Medicare Advantage and 1876 Cost Plan Provider Directory

This model has been updated with minor edits.

[Instructions: All variable fields are denoted by gray text and brackets. These fields must be populated with plan-specific information. Adjust section numbers throughout, if applicable.]

[Note: Non-network Private Fee For Service (PFFS) plans (i.e., PFFS plans without a direct contracting provider network) do not need to create a provider directory.]

[Note: CMS considers the Provider Directory a standard template and plans are expected to submit the final populated version in HPMS.]

[Note: While enrollees in a Medicare Advantage (MA) plan may be assigned to a sub-network within their MA plan based on their place of residence or selection of a Primary Care Physician (PCP), they cannot be locked into a plan's sub-network. For example, the beneficiary may elect to change to a PCP outside of their sub-network, or they may request referrals to contracted providers or specialists in other sub-networks of the plan.]

Plans may develop separate directories for each sub-network. An MA plan has a sub-network directory when:

- (a) An MA plan's contracted network is composed of two or more provider groups (i.e., sub-networks within the MA plan); and
- (b) Enrollees receive a provider directory based on the provider group (i.e., sub-network) they are assigned to when they join the MA plan.

To ensure that enrollees are fully aware of their overall network provider options, plans that furnish their members with directories containing a sub-network of plan providers must also advise its enrollees that they can find a complete directory of its entire plan provider network online, and that it will be furnished in hard copy upon request. In addition, the plan must describe how enrollees can request access to plan providers that are in the other sub-networks of their plan.]

[Distribution Note: Provider Directories must be available to enrollees at the time of enrollment. Refer to the Medicare Marketing Guidelines (MMG) for more detailed instructions.]

[Note: Plans/Part D Sponsors must ensure that websites contain accurate and up-to-date directories at all times. Online directories must comply with the requirements in section 100 of the MMG.]

[Optional: Plans may include hospice programs within their service area.]

[Instructions: If cost sharing varies based on provider and/or benefit tiering, plans should clearly denote the tier of a provider and/or facility using special characters and/or footnotes. Plans should refer enrollees to their Evidence of Coverage (EOC) for more information on the cost sharing for each tier. Note that plans are not required to use the word “tier” if that is not how they refer to it in the marketplace.]

**[Name of Plan]
[HMO / Cost / PPO / PFFS] Plan
Provider Directory**

This directory provides a list of [Plan Name]'s network providers.

This directory is for [provide a description of the plan's service area.]

This directory is current as of [date of publication]. Some network providers may have been added or removed from our network after this directory was printed. We do not guarantee that each provider is still accepting new members. To get the most up-to-date information about [Plan Name]'s network providers in your area, you can visit [Web address] or call our [Customer/Member] Service Department at [phone number], [days and hours of operation]. [TTY/TDD] users should call [TTY or TDD number].

[Insert Federal contracting statement]

[Insert disclaimer for Availability of Non-English translation, if applicable]

[Insert availability of alternate formats]

[Material ID number]

Section 1 – Introduction

This directory provides a list of [Plan Name]’s network providers. To get detailed information about your health care coverage, please see your Evidence of Coverage.

[Use this introduction section to describe how members should use this directory. For example, to select a PCP if your plan uses PCPs, explain sub-networks, referral circles or lock-ins if applicable, and describe which types of providers require a referral. Use, delete or modify the following based on plan arrangement.]

[Insert this paragraph if applicable, depending on plan arrangement: You will have to choose one of our network providers who are listed in this directory to be your **Primary Care** {Physician/Provider} (PCP). The term “PCP” will be used throughout this directory. Generally, you must get your health care services from your PCP.] [Explain PCP in the context of your plan type.]

[Full network PFFS plans insert: We have network providers for all services covered under Original Medicare [indicate if network providers are available for any non-Medicare covered services.] You can still receive covered services from non-network providers who do not have a signed contract with our plan, as long as those providers agree to accept our plan’s terms and conditions of payment. See section 1.2 of chapter 3 in your Evidence of Coverage and on our website at: [insert link to PFFS terms and conditions of payment] [Indicate whether the PFFS plan has established higher cost sharing requirements for members who obtain covered services from non-network providers.]

[Partial network PFFS plans insert: We have network providers for [indicate what category or categories of services for which network providers are available.] You can still receive covered services from non-network providers who do not have a signed contract with our plan and from any provider when network providers are not available, as long as those providers agree to accept our plan’s terms and conditions of payment. See section 1.2 of chapter 3 in your Evidence of Coverage and on our website at: [insert link to PFFS terms and conditions of payment.] [Indicate whether the PFFS plan has established higher cost sharing requirements for members who obtain covered services from non-network providers.]

[Section 1876 cost plans must clearly explain that members may use plan and non-plan providers, and also explain the benefit/cost-sharing differentials between use of plan and non-plan providers.]

The “network providers” listed in this directory have agreed to provide you with your [insert appropriate term(s): health care/vision/dental] services. You may go to any of our network providers listed in this directory [;/.] [Insert if applicable: however, some services may require a referral.] If you have been going to one network provider, you are not required to continue to go to that same provider. In some cases, you may get covered services from non-network providers. [Insert, if applicable: Other physicians/providers are available in our network.] [Note: Modify the discussion in this section to reflect your own contractual circumstances, such as open access panels, formal referral circles or sub networks, etc. If you do not require referrals adjust the

language appropriately.] [PFFS plans insert: [Plan Name] does not require enrollees or their providers to obtain a referral or authorization from our plan as a condition for covering medically necessary services that are covered by our plan. If you have any questions about whether we will pay for any medical service or care that you are considering, you have the right to ask us whether we will cover it before you get the service or care.]

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

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

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

[Insert if applicable, depending on the type of plan/provider directory: You must use plan providers except in emergency or urgent care situations <<or for out-of-area renal dialysis or other services.>> If you obtain routine care from out-of-network providers, neither Medicare nor <plan name> will be responsible for the costs.]

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

What is the service area for [Plan Name]?

The [“county” or “counties”] [for Regional Preferred Provider Organizations (RPPOs) only: “State” or “States”] [and parts of counties] in our service area [“is” or “are”] listed below.

[Optional: You may include a map of the area (in addition to listing the service area), and modify the prior sentence to refer readers to the map.]

[Insert plan service area listing. If approved for the entire county, use county name only. For partially approved counties, use county name plus zip code, (e.g., “County name, the following zip codes only: {xxxxx}...”)]

How do you find [Plan Name] providers in your area?

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

If you have questions about [Plan Name] [or require assistance in selecting a PCP], please call our [Customer/Member] Service Department at [phone number], [days and hours of operation]. [TTY/TDD] users should call [TTY or TDD number]. Or, visit [Web address].

Section 2 – List of Network Providers

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

[Show the total number of each type of provider (i.e., PCP, specialist, hospital, etc.).]

[Recommended organization:

Type of Provider (PCPs, Specialists, Hospitals, Skilled Nursing Facilities, Outpatient Mental Health Providers, and Pharmacies (types) where outpatient prescription drugs are offered by the Medicare Advantage plan.) Note: All of these provider types are required to be listed in the same provider directory.

State (Include only if directory includes multiple states)

County (Listed alphabetically)

City (Listed alphabetically)

Neighborhood/Zip Code (Optional: For larger cities, providers may be further subdivided by zip code or neighborhood)

Provider (Listed alphabetically)]

[Note: Plans must indicate how types of providers can be identified and located relative to organization of the provider directory. For example, plans identifying Medicare providers who participate in Medicaid can include language similar to the following when listing providers: providers identified with an asterisk also accept Medicaid.

(e.g., type of provider, state, county, city, zip code, provider name*, address, phone number)]

[For Dual Eligible-Special Needs Plans (D-SNPs) only: Identify Medicare providers that accept Medicaid in the directory to assist dual eligible enrollees in obtaining access to providers and covered services. Plans have the option to include a global statement at the beginning of the network provider listing section or provide a Medicaid indicator next to each provider. The global statement should state: “All providers in this provider directory accept both Medicare and Medicaid.” Those plans that choose not to use a global statement need to place a Medicaid indicator next to each provider. Inclusion of the global statement is considered a model without modification.]

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

[Primary Care Physicians]

[State]

[County]

[City]

[Zip Code]

[Physician Name]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicating whether provider supports electronic prescribing]

[Specialists]

[Specialty Type]

[State]

[County]

[City]

[Zip Code]

[Physician Name]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicating whether provider supports electronic prescribing]

[Hospitals]

[State]

[County]

[City]

[Zip Code]

[Hospital Name]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicating whether provider supports electronic prescribing]

[Skilled Nursing Facilities (SNF)]

[State]

[County]

[City]

[Zip Code]

[SNF Name]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicating whether provider supports electronic prescribing]

[Outpatient Mental Health Providers]

[State]

[County]

[City]

[Zip Code]

[Provider Name]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicating whether provider supports electronic prescribing]

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

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

Note: Plans offering a Part D benefit refer to the pharmacy directory model for Part D requirements.]

[Pharmacies]

[Type of pharmacy as applicable: Retail, Mail Order, Home Infusion, Long Term Care (LTC), Indian Health Service/Tribal/Urban Indian Health (I/T/U)]

[State]

[County]

[City]

[Zip Code]

[Pharmacy Name]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicating whether provider supports electronic prescribing]