**Instructions to Health Plans**

* [*Distribution Note: Enrollment – The plan must provide a Provider and Pharmacy Directory or information about how to access or receive a Directory to each Participant upon enrollment. Refer to the State’s specific FIDA-IDD Marketing Guidance for detailed instructions.*]
* [*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 upon request. Subdirectories must be consistent with all other requirements of section 60.4 of the Medicare Marketing Guidelines and section 60.4 of 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 Table of Contents at the beginning of the Directory.*]
* [*The plan should note that the EOC is referred to as the “Participant Handbook.” The plan must use the term “Participant Handbook.”*]
* [*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.*]

<Plan Name> | <year> Provider and Pharmacy Directory

* <Plan’s legal or marketing name> is a managed care plan that contracts with Medicare, the New York State Department of Health (Medicaid), and the Office for People With Developmental Disabilities to provide benefits to Participants through the Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration.
* The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
* Benefits may change on January 1 of each year.
* 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 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.*]
* You can get this information for free in other formats, such as large print, braille, or audio. Call <toll-free number> and <TTY/TDD numbers> during <days and hours of operation>. The call is free.
* You can get this information for free in other languages. Call <toll-free number> and <TTY/TDD numbers> during <days and hours of operation>. The call is free. [*This disclaimer must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]
* 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) or online at 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/TDD: <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>.

Providers

Getting started in <plan name>

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, 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 long-term services and supports.
  + 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 receive 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 [*plans should include examples as they see 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 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
* You also have access to a **Care Manager** and **Interdisciplinary Team (IDT)** that you help choose.
  + A **Care Manager** works closely with you and your Interdisciplinary Team to develop a Life Plan that helps you manage your medical, developmental, habilitation, behavioral health, long-term services and supports, and social and functional needs.
  + Your **Interdisciplinary Team (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 Primary Care Provider (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 receiving home care and approve the home care aide/designee’s participation on the IDT;
      * Other providers either as requested by you or your caregiver/guardian or designee, or as recommended by the IDT members as necessary for care planning and approved by you or your designee.

Choosing a 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 Primary Care Provider. [*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 request one (e.g., call Participant Services).*]

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.

[*Plans 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/TDD: <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/TDD: <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 Interdisciplinary Team or call Participant Services and ask **before** you get the service or care.

Getting long-term services and supports

As a <plan name> Participant, you may be able to get long-term services and supports (LTSS), such as [*insert examples with explanations of services available to Participants*]. Long-term services and supports are help for 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 intermediate care facility 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.*]

Identifying Providers in <plan name>’s Network

You must get all of your covered services from providers within our network. If you go to providers who are not in <plan name>’s network (without prior authorization or approval from your IDT), you will have to pay the bill.

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 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.*]
* <Plan name> works with all the providers in our network to accommodate the needs of people 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 Interdisciplinary Team and Care Managerfor assistance.

Finding <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.*]

## List of network providers

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

* **Health care professionals and support providers** including primary care providers, specialists, developmental disability providers, behavioral health providers, adult day services, day treatment, OPWDD certified outpatient clinics, consumer-directed personal assistance services, , home health agencies, , , non-emergency transportation, personal care services, personal emergency response services, private duty nursing, and [*insert any other types of health care professionals the plan is required to include*];
* **Facilities** including hospitals, nursing facilities, intermediate care facilities, 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, and [*insert any other types of waiver service the plans are required to include*].

[***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.).*]

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

**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.*]

You may receive services from any of the providers on this list.

[***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., 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 “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:*]**

[Provider Type (e.g.,Primary Care Providers, 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>

[*Optional: Include web and e-mail addresses.*]

[*Include licensing information (e.g., license number, NPI).*]

[*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). 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 child welfare, and substance abuse.*]

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

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

[Facility Type (e.g., Hospitals, Nursing Facilities, Intermediate Care Facilities, Support Providers)]

[*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>

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

[*Optional: Include web and e-mail addresses.*]

[*As applicable, include licensing information (e.g., license number, NPI).*]

[*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). 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.*]

**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/TDD: <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.*]

Identifying pharmacies in our network

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

[*The plan should insert only if they include mail-order pharmacies in their network.*] Mail-Order Pharmacies

Home infusion pharmacies

Long-term care (LTC) pharmacies

* [*The plan should insert only if it includes I/T/U pharmacies in their network.*] Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies
* [*The plan should insert any additional pharmacy types in their network.*]
* You are not required to continue going to the same pharmacy to fill your prescriptions.   
  You can go to any of the pharmacies in our network.

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.

<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:*** *The plan must indicate when a pharmacy is not available to all Participants. If symbols are used, a legend must be provided.*]

**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.

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.*]

[*Include* *days and hours of operation.*] [***Note:*** *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, 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 for all locations, the plan may provide a toll-free customer service number and a TTY/TDD number that a Participant can call to get the locations and phone numbers 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/TDD 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/TDD number.*]

[*Include if applicable:*] Mail Order Pharmacy(ies)

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>]. [*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 [*plans 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 receive your prescription drugs [*insert as applicable*: within <number> days ***or*** from <number> to <number> days] from the time that the mail order pharmacy receives the order. If you do not get your prescription drug(s) within this time, please contact us at <toll-free number>. [TTY/TDD: <phone number>.]

**<State> | <County>**

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

<Pharmacy Name>

<Toll-free number>  
<TTY/TDD number>

[*Optional: Include web and e-mail addresses.*]

[*Include* *days and hours of operation.*] [***Note:*** *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, Compounds Prepared.*]

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

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

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.*]

**<State> | <County>**

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

<Pharmacy Name>

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

<Phone Number>

[*Optional: Include web and e-mail addresses.*]

[*Include* *days and hours of operation.*] [***Note:*** *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, Compounds Prepared.*]

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

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

Long-Term Care Pharmacies

Residents of a long-term care facility, such as an intermediate care facility or nursing facility, may access their prescription drugs covered under <plan name> through the facility’s pharmacy or another network pharmacy.

[***Note:*** *The plan should provide any additional information on long-term care pharmacy services in its network and how Participants can get more information.*]

**<State> | <County>**

**<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.*]

[*Include* *days and hours of operation.*] [***Note:*** *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, Compounds Prepared.*]

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

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

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.*]

[*Include* *days and hours of operation.*] [***Note:*** *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, Compounds Prepared.*]

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

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

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.*]

[*Include* *days and hours of operation.*] [***Note:*** *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, 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.*]

**<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.*]

[*Include* *days and hours of operation.*] [***Note:*** *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, Compounds Prepared.*]

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

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