Modelo del Directorio de proveedores de Medicare Advantage

y Sección 1876 del plan Cost para el **año calendario 2019**

The following instructions and Provider Directory Model template apply to all hardcopy and online provider directories produced by all Medicare Advantage (MA) organizations (excluding non-network Private Fee-for-Service (PFFS) and non-network Medical Savings Account (MSA) plans) and Section 1876 Cost Plans. These instructions supplement guidance in Chapter 4 of the Medicare Managed Care Manual. The model template is provided beginning on page 1. Please note: All variable fields are denoted by gray text and brackets and must be populated with plan-specific information. Section numbers should be adjusted accordingly.

**Provider Listings.** Provider directories must clearly explain all plan-specific rules regarding enrollee access to providers. For example, a health maintenance organization (HMO) plan may have an open panel of providers or it may only offer a closed panel. A closed panel may require that enrollees obtain a referral from a Primary Care Provider (PCP) in order to access specialists. The plan must clearly explain this information in the directory. In addition, the directory must identify the providers and/or services for which an enrollee must obtain a referral, or the directory must explain to enrollees where they can find this information.

Plans may not list a provider in their directory when the provider works only at a hospital location and is not available for office visits (i.e., if the enrollee cannot call the phone number listed and request an appointment with that provider at the address listed).

Plans may not include providers in their directory that serve as on-call and substitute providers and who are not regularly available to provide covered services at an office or practice location. Plans may only list providers who regularly practice at the specified location.

Plans must clearly state in the directory the capacity in which the provider is serving for that particular network even if the provider is credentialed in more than one specialty. For example, an internal medicine physician/oncologist that does not practice as a PCP should not be displayed as a PCP in the directory. The plan may only list the provider under the category of the services he/she will be furnishing to enrollees.

Plans may list non-physician practitioners (e.g., nurse practitioners, physician’s assistants) as “Primary Care Providers (PCPs)” (see page 7) if an enrollee can make an appointment with that practitioner. The plan must clearly identify that the provider is a non-physician practitioner.

If a provider practices at multiple locations, they may only list the location(s) at which the provider regularly sees patients, and not every location of the where the provider may practice only occasionally.

Plans must clearly identify whether or not a provider is accepting new patients. Plans are not limited in the manner by which they identify providers who are/are not accepting new patients (i.e., “Accepting New Patients? Yes/No”), so long as potential beneficiaries or enrollees can determine those providers from whom they may reasonably expect to obtain services (e.g., a special character next to the provider’s name and an accompanying footnote for all providers who are not accepting new patients).

Plans must make a reasonable attempt to ensure provider practice names are up-to-date and reflect the name of the practice used when an enrollee calls to make an appointment.

Plans whose providers may have restrictions on access must include a notation next to the provider’s listing indicating such restrictions. Examples include, **but are not limited to**, the following:

* Providers who are only available to a subset of enrollees (e.g., only Native American enrollees may access a provider associated with a Native American tribe, only enrollees who are students may access the college’s student health service);
* Providers who practice concierge medicine and are available only to patients who pay an annual fee or retainer;
* Providers who only offer home visits and do not see patients at a physical office location; and
* Providers who regularly alternate between two or more different office locations.

**Sub-Networks.** If a plan offers sub-networks, it may develop a separate provider directory for each sub-network. Enrollees in a sub-network may be provided a directory reflecting their sub-network, but the directory also must clearly state that enrollees are not limited to the providers listed in the sub-network directory. The plan must provide a link where the enrollee can obtain a directory that includes the plan’s entire provider network. This larger directory may be made available online or furnished in hard copy upon request by the enrollee. In addition, the plan must describe how enrolleesmay request access to providers outside of the sub-network. For more information on sub-networks, please refer to the network adequacy guidance, located at: https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/index.html.

**Provider-Specific Plans.** A provider-specific plan (PSP) must develop a separate directory which clearly identifies available providers in the PSP network. A contract-level provider directory cannot be used for the purpose of communicating a PSP network to potential beneficiaries or enrollees. For example, a plan cannot simply add symbols or information to the broader network’s directory to show which providers are in the more limited PSP network.

**Different Cost Sharing Arrangements/Tiering.** Plans that reduce or eliminate cost sharing for enrollees that use certain providers (e.g., through the use of MA uniformity flexibilities), must identify these providers with special characters and/or footnotes.

Plans that tier cost sharing of medical benefits for certain providers must use special characters and/or footnotes indicating there are different cost sharing amounts for those providers. Plans must include language referring enrollees to the Evidence of Coverage (EOC) for more information. Plans are not required to use the word “tier” if they use different terminology to describe these cost sharing arrangements.

**Use of Non-Models.** MA organizations and Section 1876 Cost Plans may also develop non-model online or hardcopy provider directories. Non-model directories, for instance, may contain additional data elements, optional content, or follow a different format than this model. However, non-model directories must follow all instructions and include all template information, including introductory language and disclaimers, as specified herein.

**Best Practices.** CMS encourages plans to institute procedures that support the ongoing accuracy of their provider directory. For example, plans can provide enrollees a hotline number to contact the plan for help in making appointments or to report directory errors. CMS also suggests as a best practice that plans incorporate a “warm transfer” for enrollees requesting help in finding a provider that is accepting new patients.

Also as a best practice, CMS encourages plans to incorporate the following elements into their directories, as practicable:

* Machine readable content
* Provider medical group
* Provider institutional affiliation
* Non-English languages spoken by provider
* Provider website address
* Accessibility for people with physical disabilities

**Directorio de proveedores del plan   
[Name of Plan]  
[HMO / PPO / RPPO / Cost / PFFS / MSA]**

Este Directorio está vigente a partir del [Month DD, YYYY].

Este Directorio ofrece una lista de los proveedores de la red actuales de [Plan Name].

Este Directorio es para [provide a description of the plan’s service area or geographic sub-set of service area that the directory is for.]

[For hardcopy directories, insert: Para acceder al Directorio de proveedores en línea de [Plan Name], puede visitar [Web address].] Si tiene alguna pregunta sobre la información incluida en este Directorio, llame a nuestro Departamento de servicios [al cliente/para los miembros] al [phone number], [days and hours of operation]. Los usuarios de [TTY/TDD] deben llamar al [TTY or TDD number].

*[Insert availability of alternate formats, in accordance with section 504 of the Rehabilitation Act of 1973 (45 CFR Part 84)]*

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## Sección 1: Introducción

Este Directorio ofrece una lista de los proveedores de la red de [Plan Name]. Para obtener información detallada sobre su cobertura de atención médica, consulte su Evidencia de cobertura (Evidence of Coverage, EOC).

[Use this introduction section to describe how enrollees should use this directory (e.g., how to select a PCP if your plan uses PCPs, explain sub-networks or certain providers used in MA uniformity flexibilities, if applicable, and describe which types of providers require a referral). Please refer to the instructions beginning on page i for more information. Use, delete, or modify the following based on your plan type.]

[Insert this paragraph if applicable: Tendrá que elegir a uno de nuestros proveedores de la red que figuran en la lista de este Directorio como su proveedor de atención primaria (**PCP**). Por lo general, debe obtener los servicios de atención médica de su PCP.] [Explain PCP in the context of your plan type.]

[Full-network PFFS plans insert: Contamos con proveedores de la red para todos los servicios cubiertos en Original Medicare [indicate if network providers are available for any non-Medicare covered services]. Es posible que aún reciba servicios cubiertos de proveedores fuera de la red que no tengan un contrato firmado con nuestro plan, siempre que esos proveedores acepten los términos y condiciones de pago de nuestro plan. Puede visitar nuestro sitio web en: [insert link to PFFS terms and conditions of payment] para obtener más información sobre los pagos del plan PFFS.] [Indicate whether this PFFS plan has established higher cost sharing requirements for enrollees who obtain covered services from out-of-network providers.]

[Partial-network PFFS plans insert: Contamos con proveedores de la red para [indicate what category(ies) of services for which network providers are available]. Es posible que aún reciba servicios cubiertos de proveedores fuera de la red que no tengan un contrato firmado con nuestro plan, siempre que esos proveedores acepten los términos y condiciones de pago de nuestro plan. Puede visitar nuestro sitio web en: [insert link to PFFS terms and conditions of payment] para obtener más información sobre los pagos del plan PFFS.] [Indicate whether this PFFS plan has established higher cost sharing requirements for enrollees who obtain covered services from out-of-network providers.] [Note that in order to charge higher cost sharing when a PFFS enrollee obtains services from an out-of-network provider, the PFFS plan must meet current CMS network adequacy criteria for that specialty type.]

[Section 1876 Cost Plans must clearly explain that enrollees may use in-network and out-of-network providers and explain the benefit/cost sharing differentials between the use of in-network and out-of-network providers.]

Los proveedores de la red que figuran en este Directorio han acordado brindar servicios [insert appropriate term(s): de atención médica/oftalmológicos/odontológicos.] Puede ir a cualquiera de los proveedores de la red que aparezca en el listado de este Directorio[;/.] [Insert if applicable: sin embargo, para algunos servicios es posible que necesite una remisión.] [Insert applicable details on referrals, per instructions beginning on page i.] [Insert, if applicable: Nuestra red cuenta con otros proveedores disponibles.] [Note: Modify the discussion in this section to reflect the access to services rules that apply to your plan type (e.g., HMO, PPO, etc.), such as closed panels, sub-networks, etc. If you do not require referrals, adjust the language appropriately. Please refer to the instructions beginning on page i for more information.]

[PFFS plans insert: [Plan Name] no requiere que los inscritos ni sus proveedores obtengan una remisión o autorización de nuestro plan como condición para cubrir los servicios médicamente necesarios cubiertos por nuestro plan. Si tiene alguna duda sobre si pagaremos algún tipo de atención o servicio médico que piense obtener, tiene derecho a preguntarnos si lo cubriremos antes de que lo reciba.]

[PPO plans insert: Los proveedores fuera de la red no tienen obligación alguna de tratar a inscritos de [Plan Name], salvo en emergencias. Para determinar si cubriremos o no un servicio fuera de la red, antes de que reciba el servicio, lo invitamos a usted o su proveedor a pedirnos una determinación de la organización previa al servicio. Llame a nuestro Departamento de servicios [al cliente/para los miembros] al [phone number], [days and hours of operation]. Los usuarios de [TTY/TDD] deben llamar al [TTY or TDD number]. También puede consultar su Evidencia de cobertura (EOC) para obtener más información, incluidos los costos compartidos que se aplican a los servicios fuera de la red.]

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

[Include instructions to enrollees that, in cases where out-of-network 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 instructions informing enrollees that they may obtain emergency services from the closest available provider, and they may obtain urgently needed services from any qualified provider when out of the plan’s service area or when network providers are unavailable.]

[HMO plans insert: Debe utilizar los proveedores de la red, salvo en situaciones de emergencia o atención de urgencia, [o para servicios de diálisis renal o de otro tipo fuera del área.] Si usted recibe atención de rutina de parte de proveedores fuera de la red, ni Medicare ni [Plan Name] se harán responsables de los costos.]

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

### ¿Cuál es el área de servicio de [Plan Name]?

[“El condado” or “Los condados”] [for Regional Preferred Provider Organizations (RPPOs) only: “El estado” or “Los estados”] [for plans with a partial county service area only: Las zonas de los condados/los códigos postales] en nuestra área de servicio se [“menciona” or “mencionan”] a continuación. [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 approved partial counties, use county name and zip code (e.g., “county name, solo los siguientes códigos postales: XXXXX…”)].

### ¿Cómo encontrar a los proveedores de [Plan Name] en su área?

[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.] [Note: RPPO plans must fully describe how enrollees residing in any non-network areas of their plan can access covered services at in-network cost sharing.]

Si tiene preguntas sobre [Plan Name] [o necesita ayuda para elegir un PCP], llame a nuestro Departamento de servicios [al cliente/para los miembros] al [phone number], [days and hours of operation]. Los usuarios de [TTY/TDD] deben llamar al [TTY or TDD number]. También puede visitar [Web address].

## Sección 2: Lista de proveedores de la red

[Show all current contracted network providers for each type of provider (e.g., PCP, specialist, hospital, etc.). Optional: You may include other provider types in addition to the required types on pages 7-12.]

[Recommended organization:

**Tipo de proveedor** (PCP, especialistas (tipos), hospitales, centros de atención de enfermería especializada, proveedores de servicios de salud mental para pacientes externos y farmacias (tipos) en las que el plan ofrezca medicamentos con receta para pacientes externos.)

**Estado** (Include only if directory includes multiple states)

**Condado** (Listed alphabetically)

**Ciudad** (Listed alphabetically)

**Vecindario/código postal** (optional: For larger cities, providers may be further subdivided by zip code or neighborhood)

**Nombre del proveedor** (Listed alphabetically)

**Detalles del proveedor**]

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

[For Dual Eligible Special Needs Plans (D-SNPs) only: Identify Medicare providers that accept Medicaid 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 to provide a Medicaid indicator next to each provider. The global statement should state: “Todos los proveedores de este Directorio de proveedores aceptan tanto Medicare como Medicaid”. Inclusion of the global statement signifies a model directory without modification. Those plans that choose not to use a global statement need to place a Medicaid indicator next to each provider (e.g., an asterisk and an accompanying footnote for all Medicare providers that participate in Medicaid also.) Inclusion of a Medicaid indicator next to each provider signifies a non-model directory with 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 out-of-network providers.]

### [Primary Care Providers (PCPs)]

[State]

[County]

[City]

[Zip Code]

[PCP Name]

[Acepta nuevos pacientes: Sí/No]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for PCP(s) that support electronic prescribing]

### [Specialists]

[Specialty Type]

[State]

[County]

[City]

[Zip Code]

[Specialist Name]

[Acepta nuevos pacientes: Sí/No]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for specialist(s) that support 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: Indicator for hospital(s) that support electronic prescribing]

### [Skilled Nursing Facilities (SNFs)]

[State]

[County]

[City]

[Zip Code]

[SNF Name]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for SNF(s) that support electronic prescribing]

### [Outpatient Mental Health Providers]

[State]

[County]

[City]

[Zip Code]

[Provider Name]

[Acepta nuevos pacientes: Sí/No]

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

[Phone number]

[Optional: website and e-mail addresses]

[Optional: Indicator for provider(s) that support electronic prescribing]

[All plans have the choice to either (1) list information on both providers and pharmacies in one combined document; or (2) provide two separate documents: a provider directory and 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, please refer to the Part D Model Pharmacy Directory for Part D requirements.]

### [Pharmacies]

[Type of pharmacy as applicable: Minorista, de pedido por correo, infusión a domicilio, atención a largo plazo (LTC), Servicio de salud para la población india estadounidense/Programa de salud para la población india estadounidense urbana o tribal (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: Indicator for pharmacy(ies) that support electronic prescribing]