<Marketing Material ID>

Instructions to Health Plans

❖ [*Distribution Note: Enrollment – Plans must provide a Provider and Pharmacy Directory or information about how to access or receive a Directory to each member upon enrollment. Refer to the State's specific Marketing Guidance for detailed instructions.*]

❖ [*Plans may provide subdirectories (e.g., by specialty, by county) to enrollees if the subdirectory clearly states that the complete Directory of all of its providers and pharmacies is available and will be provided to enrollees upon request. Subdirectories must be consistent with all other requirements of section 60.4 of the Medicare Marketing Guidelines and section 60.4 of the State's specific Marketing Guidance. Plans may publish separate primary care and specialty directories if both directories are made available to enrollees at the time of enrollment.*]

❖ [*Plans may add a Table of Contents at the beginning of the Directory.*]

❖ [*If the State does not use the word "Medicaid," plans should replace it with the name the State uses.*]

❖ [*If plans do not use the term "Member Services," plans should replace it with the term the plan uses.*]

❖ [*Plans should note that the EOC is referred to as the "Member Handbook." If plans do not use the term "Member Handbook," plans should replace it with the term the plan uses.*]

❖ [*Plans should indicate that the Directory includes providers of both Medicare and Medicaid services.*]

❖ [*Plans may place a QR code on materials to provide an option for members to go online.*]

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

❖ <Plan's legal or marketing name> is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

❖ 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 [and/or copays] 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), and support providers that you may see as a <plan name> member. 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.*]

❖ This Directory lists providers of both Medicare and Healthy Connections Medicaid services.

❖ You can get this information for free in other languages. Please call our customer service number at [*insert Member Services phone and TTY/TDD numbers, days and hours of operation*]. The call is free. [*This disclaimer must be placed in English and Spanish. The Spanish disclaimer must be placed below the English version and in the same font size as the English version.*]

❖ You can get this information for free in other formats, such as large print, braille, or audio. Call [*insert Member Services phone and TTY/TDD numbers, days and hours of operation*]. The call is free.

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 members. If you are having trouble finding a provider who will accept new members, call Member 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 Member Services at <toll-free number>, <days and hours of operation>. The call is free. [TTY/TDD: <toll-free number>.]

Doctors and other health care professionals 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 and other services.

  - The term *providers* also includes facilities such as hospitals, clinics, 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 members in our plan. [*Plans may delete the next sentence if it is not applicable.*] The providers in our network generally bill us directly for care they give you. When you see a network provider, you usually [*insert as applicable:* pay nothing **or** pay only your share of the cost] for covered services.

- 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. [*Plans should include this sentence if applicable to plan arrangement:* Your PCP will also give you a **referral** if you need to see a specialist or other provider.]

- **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.

- You may need a **referral** to see a specialist or someone that is not your PCP. A **referral** means that [*insert as applicable:* your network PCP *or* our plan] must give you approval before you can see the other provider. If you don't get a referral, <plan name> may not cover the service.

  - Referrals from [*insert as applicable:* your network PCP *or* our plan] are not needed for:

    - Emergency care;

    - Urgently needed care;

    - Kidney dialysis services that you get at a Medicare-certified dialysis facility when you are outside the plan's service area; or

    - Services from a women's health specialist.

    - [*Plans may insert additional exceptions as appropriate.*]

  - Additionally, if you are eligible to receive services from Indian health providers, you may see these providers without a referral. We must pay the Indian health provider for those services even if they are out of our plan's network.

  - More information on referrals is available in Chapter 3 of the Member Handbook.

- You also have access to a [**care coordinator/care manager** (*plan's preference*)] and a **Care Team** that you choose.

  - A [**care coordinator/care manager** (*plan's preference*)] helps you manage your medical providers and services.

  - Your **Care Team** is a group of advocates and providers working together to provide you with medical, behavioral health, psychosocial, social care, and long-term services and supports in the community or in a facility. You are a member of your Care Team, and you can tell us who else you would like to participate. Unless you tell us otherwise, your Care Team **will** include:

    - You

    - Your [care coordinator/care manager (*plan's preference*)]

    - Your Primary Care Provider (PCP)

    - Your behavioral health clinician (if you have one)

    - Your long-term services and supports (LTSS) providers (if you have them). These include:

      - Your Home Again Transition Coordinator

      - Your waiver services provider

- Your Community Long Term Care (CLTC) waiver case manager
    - A pharmacist, and
    - Representatives from the facility where you receive care

Your Care Team **can also include** the following people, if it is appropriate and if you agree:

    - Nurses, specialists, social workers, and other people who can provide expert advice
    - Family members
    - Other informal caregivers
    - Advocates
    - State agency or other case managers

Everyone on the Care Team works together to make sure your care is coordinated. This means that they make sure tests and labs are done once and the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so that he or she can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers.

Choosing a Primary Care Provider (PCP) [*if appropriate, include:* **or Integrated Primary Care Team**]

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

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 Member 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.*]

→ If you want help in choosing a PCP, please call your [care coordinator/care manager (*plan's preference*)] at <toll-free number>, <days and hours of operation>. The call is free. TTY/TDD: <phone number>. You can also call Member 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 we will pay for any medical service or care that you want or need, call Member Services and ask **before** you get the service or care.

Getting long-term services and supports

You may be able to get long-term services and supports (LTSS), such as environmental modification (minor changes to your home), pest control, home delivered meals, and respite care (relief for your primary caregiver, either at home or in a hospital) [*insert additional examples with explanations of services available to members*]. 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 a nursing home or hospital.

LTSS are available to members who are on certain waiver programs operated by the Community Long Term Care (CLTC) division of Healthy Connections Medicaid. Those waivers are:

- Community Choices waiver
- HIV/AIDS waiver

- Mechanical Ventilator Dependent waiver

Members on different waivers can get different kinds and amounts of LTSS. If you think you need LTSS, you can talk to your [care coordinator/care manager (*plan's preference*)] about how to access them and whether you can join one of these waivers. Your [care coordinator/care manager (*plan's preference*)] can give you information about how to apply for an appropriate waiver, and all of the resources available to you under the plan.

Identifying Providers in <plan name>'s Network

[*Plans should delete this paragraph if they don't require referrals for any services.*] You may need a referral to see someone who is not a Primary Care Provider. There is more information about referrals in the "Getting started in <plan name>" section of this Directory on page <page number>.

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 us), you will have to pay the bill.

The exceptions to this rule are during your first 180 days in our plan or 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. [*Plans 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. [*Plans should modify or add language with plan-specific rules about PCP changes. Plans should include the following language if appropriate:* For some providers, you may need a referral from your PCP.]

→ <Plan name> works with all the providers in our network to accommodate the needs of people with 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 [Care Team*,* care coordinator*,* patient navigator*, or other appropriate reference*] for assistance.

Finding <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 Directory.*]

List of network providers

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

- **Health care professionals** including primary care physicians, specialists, and mental health providers;

- **Facilities** including hospitals, nursing facilities, Federally Qualified Health Centers (FQHCs), and infusion centers; and

- **Support providers** including long-term services and supports (LTSS) providers of adult day health care, attendant care, companion services, environmental modification, home-delivered meals, incontinence supplies, nutritional supplements, personal care attendant, Personal Emergency Response System (PERS), private duty nursing, respite care, and specialized medical equipment and supplies.

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

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

1. **Type of Provider** [*Plans are required to include all of the specific provider types included in the categories for health care professionals, facilities, and support providers above. Plans also may include additional provider types if there are others in their network.*]

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

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

4. **Neighborhood/Zip Code** [*Optional: For larger cities, plans 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. [*Plans should include the following language if referrals are required under the plan:* For some services, you may need a referral from your PCP.]

[*Note: The following pages contain Directory requirements and sample formatting for provider types. Some provider types may include **both** health care professionals **and** facilities (e.g., Mental Health). Some provider types may include **either** health care professionals **or** facilities. In consultation with the State, plans should use reasonable judgment to determine each network provider's type and include its applicable requirements according to the examples on the following pages. Plans should include **location-specific requirements** (e.g., days and hours of operation, public transportation, languages) for each provider with more than one address in the Directory.*]

[Provider Type (e.g., Primary Care Providers, Specialists – Cardiology)]

<State> | <County>

<City/Town> <Zip Code>

<Provider Name>

<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). Plans 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. Plans 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.*]

[*As applicable, for behavioral health providers, list areas the provider has training in and experience treating, including trauma, child welfare, and substance abuse.*]

[*Optional: List areas the provider has training in and experience treating, including physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other areas of specialty.*]

[*Optional: 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). Plans may use abbreviations or symbols for each type of accommodation if a key is included in the Directory.]

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

[Facility Type (e.g., Hospitals, Nursing Facilities)]

[*Note: Plans may include all nursing facilities in one type. Plans that include nursing facilities in one type must 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). Plans may use abbreviations or symbols if a key is included in the Directory.*]

<State> | <County>

<City/Town> <Zip Code>

<Facility Name>

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

<Phone Number>

[*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). Plans 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. Plans may use abbreviations or symbols if a key is included in the Directory.*]

[*Optional: 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). Plans 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.*]

Support Providers – Long-Term Services and Supports (LTSS)

[*Note: Plans may include other LTSS providers in addition to those listed here. Plans that include other LTSS providers should insert them alphabetically in this section, include a brief description, and maintain consistent formatting throughout this section.*]

Adult Day Health Care

Adult Day Health Care (ADHC) centers offer medically-supervised care and services at a licensed day care center. Limited skilled nursing procedures as ordered by a physician may be provided by the ADHC nurse at the center. Transportation to and from the home is provided within 15 miles of the center. These services are available to members on the Community Choices waiver, operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Attendant Care

Attendant Care services are available to members on the Community Choices waiver, HIV/AIDS waiver, or the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. These services are member-directed. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Companion Services

Companion services provide short-term relief for caregivers and needed supervision for members. They are available to members on the Community Choices and HIV/AIDS waivers operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Environmental Modification

Environmental modification services provide pest control and minor adaptations to the home. They are available to members on the Community Choices waiver, HIV/AIDS waiver, or the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Support Providers – Long-Term Services and Supports (LTSS) (continued)

Home Delivered Meals

Regular or special diet meals can be delivered to your home. These services are available to members on the Community Choices waiver, Mechanical Ventilator Dependent waiver, or HIV/AIDS waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Incontinence Supplies

Limited incontinence supplies are available to members on the Community Choices waiver or HIV/AIDS waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Incontinence supplies are also covered as a home health benefit for members who are not in a waiver. Please see Chapter 4 of the Member Handbook for information.

Nutritional Supplements

Limited nutritional supplements are available to members on the HIV/AIDS waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Personal Care Attendant

Personal Care Attendants provide two levels of help. Personal Care Level 1 provides assistance with general household duties. Personal Care Level 2 helps with activities such as bathing, dressing, preparing meals, housekeeping, and observing health signs. These services are available to members on the Community Choices waiver, HIV/AIDS waiver, and the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Support Providers – Long-Term Services and Supports (LTSS) (continued)

Personal Emergency Response System (PERS)

PERS provides an electronic device, which enables high-risk individuals to secure help in the event of an emergency. These services are available to members on the Community Choices waiver and the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Private Duty Nursing

Private Duty Nursing services provide skilled medical monitoring, direct care, and intervention in order for health care needs to be maintained through home support. These services are available to members on the HIV/AIDS waiver and the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Respite Care

Respite Care services provide temporary relief for your primary caregiver at home (for members on the Community Choices or HIV/AIDS waiver) or in an institution. These services are available to members on the Community Choices, HIV/AIDS waiver, or the Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division. Members on the Mechanical Ventilator Dependent waiver can receive these services in a nursing home or hospital, and members on the Community Choices or HIV/AIDS waiver can also receive these services in a Community Residential Care Facility (CRCF). Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

Specialized Medical Equipment and Supplies

Members on the Community Choices or Mechanical Ventilator Dependent waiver operated by Healthy Connections Medicaid's Community Long Term Care (CLTC) division can receive medical supplies to assist with care at home. Contact your [care coordinator/care manager (*plan's preference*)] for information about accessing these services and the providers available in your community.

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 member 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> members 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> Member 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 Member 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 Member Handbook and <plan name>'s *List of Covered Drugs*. [*Insert information about where members can find the List of Covered Drugs.*]

Identifying pharmacies in our network

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

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

- Home infusion pharmacies

- Long-term care (LTC) pharmacies

- [*Plans should insert only if they include I/T/U pharmacies in their network.*] Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

- [*Plans should insert any additional pharmacy types in their network.*]

If you have questions, please call <plan name> at <toll-free number>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 17

→ 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

[*Plans should include only if they offer extended-day supplies at any pharmacy location. Plans should modify the language below as needed, consistent with their 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. A <number>-day supply has the same copay as a one-month supply.

- **<number>-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a <number>-day supply of covered prescription drugs. A <number>-day supply has the same copay as a one-month supply.

<Plan Name>'s Network Pharmacies

Recommended organization: [*Plans are required to include all of the following fields but have 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:*** *Plans must indicate how types of pharmacies can be identified and located relative to organizational format.*]

[***Note:*** *Plans must indicate when a pharmacy is not available to all members. If symbols are used, a legend must be provided.*]

Retail and Chain Pharmacies

<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. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans 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:*** *Plans are expected to create one alphabetical list integrating both retail and chain pharmacies, but the information supplied may vary for retail versus chain pharmacies. Plans are 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, plans may provide a toll-free customer service number and a TTY/TDD number that an enrollee 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, plans should include a central number for the pharmacy chain. If the chain pharmacy does not have a central number for enrollees to call, then plans must list each chain pharmacy and phone number in the Directory. If the chain pharmacy does not have a TTY/TDD number, plans are instructed to list the TRS Relay number 711. Plans should not list their own Member 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 [*plans may insert:* which is called <name of program>]. [*Plans whose network mail order services provide automated delivery insert the following sentence*: You also have the choice to sign up for automated mail order delivery [*plans may insert*: through our <name of program>.] [*Plans have 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. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans 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: Plans should provide any additional information on home infusion pharmacy services in their plan and how enrollees can get more information.*]

<State> | <County>

<City/Town><Zip Code>

<Pharmacy Name>

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

<Phone Number>

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

[*Include days and hours of operation.*] [*Note: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans 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 a nursing home, may access their prescription drugs covered under <plan name> through the facility's pharmacy or another network pharmacy.

[*Note: Plans should provide any additional information on long-term care pharmacy services in their network and how enrollees can get more information.*]

<State> | <County>

<City/Town> <Zip Code>

<Pharmacy/Long-Term Facility Name>

<Pharmacy/Long-Term Facility Street Address>
<City, State>
<Zip Code>

<Phone Number>

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

[*Include days and hours of operation.*] [*Note: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans 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: Plans should provide any additional information on I/T/U pharmacy services in their network and how enrollees can get more information.*]

<State> | <County>

<City/Town> <Zip Code>

<Pharmacy Name>

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

<Phone Number>

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

[*Include days and hours of operation.*] [*Note: Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans 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 plans 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>

<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. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans 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.*]

<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. Plans may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, plans 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.*]