



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: November 13, 2015

TO: Medicare Advantage Organizations
Prescription Drug Plan Sponsors
Section 1876 Cost Plans
Medicare-Medicaid Plans

FROM: Kathryn A. Coleman
Director

SUBJECT: Provider Directory Requirements - Update

The purpose of this memorandum is to update previous guidance provided in the 2016 Call Letter and Medicare Marketing Guidelines (MMG) regarding monthly communications with contracted providers and subsequent online directory updates. Following the issuance of this guidance, we received comments from provider groups and the industry that these requirements may impose an undue burden to provider offices and that the 30-day interval for provider contact may not guarantee more accurate provider directories.

With that in mind, effective immediately, we are updating section 100.4 of the MMG to reflect that Medicare Advantage Organizations and Medicare-Medicaid Plans should proactively conduct at least quarterly communications with contracted providers to ensure that the required information in the directory is accurate. Additionally, to be consistent with Marketplace rules, we are defining the previous requirement that online directories be updated in real time to mean within 30 days.

It is important to note that our core focus remains making sure provider directories are accurate for Medicare beneficiaries and their caregivers who rely on them to make informed decisions regarding their health care choices.

If you have any questions about these updates, please contact Jeremy Willard at Jeremy.Willard@cms.hhs.gov.