DEPARTMENT OF HEALTH & HUMAN SERVICES
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MEDICARE-MEDICAID COORDINATION OFFICE

DATE: March 24, 2016

TO: Medicare-Medicaid Plans

FROM: Lindsay Barnette
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SUBJECT: Monitoring of CY 2016 Medicare-Medicaid Plan Provider and Pharmacy
                 Directories

The purpose of this memorandum is to summarize the results of a recent monitoring study of Medicare-Medicaid Plan (MMP) CY 2016 Provider and Pharmacy Directories.

On April 29, 2015, CMS issued a memorandum titled "Final CY 2016 Medicare-Medicaid Plan Provider and Pharmacy Directory National Model Template" via the Health Plan Management System (HPMS). We clarified CY 2016 model directory requirements in the following areas:

1. Adding and expanding instructions for MMPs.
2. Distinguishing between provider and facility requirements.
3. Offering flexibility when requirements can be reasonably interpreted as "optional" or "as applicable."
4. Simplifying language and adding examples where possible.

In our memorandum dated April 29, 2015, we also indicated our intention to leverage existing oversight and monitoring resources and more systematically address compliance with contractual requirements related to the Provider and Pharmacy Directory in CY 2016. We subsequently released, via HPMS, state-specific CY 2016 versions of the national model for each Financial Alignment Initiative capitated demonstration.

During the period between October 15, 2015, and March 15, 2016, the Medicare-Medicaid Coordination Office (MMCO), through a contractor, reviewed each currently operational MMP's online and print Provider and Pharmacy Directory using a standardized, state-specific review tool.

MMCO is analyzing results across all MMPs and will issue each MMP a technical assistance letter containing plan-specific results later this year. Each MMP's individual technical assistance letter will identify specific gaps relative to directory requirements in CY 2016. In the meantime, we expect MMPs to use the overview of key findings across all MMPs (below) to

identify opportunities for improving directories that enrollees and prospective enrollees use to make informed decisions about their health care choices.

Following are the most commonly recurring findings from our monitoring study.

Requirements MMPs most frequently satisfied were:

- Including provider type, county, city, neighborhood/zip code, name, and address in provider listings.
- Identifying provider type (e.g., primary care, specialists, and support providers) in the section header for health care professionals and non-facility based support providers.
- Including location-specific requirements for each provider with more than one address in the organization's directory.
- Indicating if the provider is accepting new patients as of the directory's date of publication.
- Providing the address and phone number for all locations for independent (non-chain pharmacies).

Requirements MMPs least frequently satisfied were:

- Listing specific areas or conditions, beyond provider specialty, in which a provider has training or experience treating.
- Providing pharmacy phone number (including TTY/TDD where required) or days and hours of operation.
- Listing non-English languages spoken onsite or mentioning access to translation services for facilities and facility-based support providers.
- Indicating whether the provider's location is accessible by public transportation.
- Including all network provider types, support providers, and supplemental benefits offered.
- Indicating if a provider has completed cultural competence training.

We strongly encourage all MMPs to continue their attempts to collect information from providers to meet all contractual directory requirements, including but not limited to key requirements identified above. Current and prospective enrollees need accurate information to make the best possible decisions about their health care services and coverage. It is important for MMPs to address issues in these areas as early as possible since monitoring will continue during the remainder of CY 2016 and in CY 2017. Persistent areas of non-compliance may be subject to compliance actions.

Please contact the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov if you have any questions about the contents of this memorandum.