Frequently Asked Questions

About this Document

The purpose of this document is to respond to common inquiries about the Medicare-Medicaid Plan (MMP) Provider and Pharmacy Directory (Directory) monitoring process. CMS revised the Contract Year (CY) 2016 Directory Frequently Asked Questions document to (1) incorporate CY 2017 guidance and (2) include new questions submitted during and after the Directory webinar[1] on June 21, 2017. Where necessary, we renumbered previous questions and responses and updated webinar presentation slide references and footnotes. We grouped information under the following section headings:

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We indicate any content that has been added or revised since this document was first issued on September 30, 2016, with "***NEW***" or "***REVISED***" at the beginning of the question.

Related CY 2018 guidance documents and their estimated release dates appear below.

- Medicare Marketing Guidelines: July 2017
- State-specific Marketing Guidance: July-August 2017
- Chapter 4, Medicare Managed Care Manual: December 2017[2]

Until the release of CY 2018 guidance documents, please continue to refer to the CY 2017 versions. In addition to the guidance listed above, this document serves as another resource for MMPs as they continue to improve their Directories for use by Medicare-Medicaid beneficiaries. Please contact the Medicare-Medicaid Coordination Office (MMCO) at MMCOCapsModel@cms.hhs.gov with any additional comments or requests for assistance.

[1] Webinar presentation slides from June 21, 2017 are available for download here: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPPPDWebinar062117.pdf

[2] Chapter 4 will incorporate updated guidance from the January 17, 2017, HPMS memorandum "Provider Directory Policy Updates."

General

1. Why does the same element appear multiple times in the table of findings within the Monitoring Results Letter?

Each instance of the same element pertains to a different section of the Directory. Multiple sections of the Directory are subject to review. To avoid confusion, we labeled monitored sections and elements more clearly in the CY 2017 Directory reviews.

2. The online Directory's search results return a count of providers based on the search criteria. Does this meet the requirement?

MMPs must show the total number of each type of provider in the Directory. Beneficiaries should not need to enter specific geographic information beyond the state name when using the online Directory. MMPs also have discretion to reflect the total number of providers yielded in search results.

3. What is the difference between elements that are "Optional" and "Required (as applicable)"?

MMCO defines requirements as follows:

- Required: Elements must be included as specified in the Directory model to be considered compliant. For example, "Indicate if the provider is accepting new patients as of the Directory's date of publication" or "Include days and hours of operation."
- Required (as applicable): Where the requirement is applicable, the element must be included as specified in the Directory model. For example, "As applicable, indicate if the provider has completed cultural competence training" or "As applicable, indicate if the provider has access to language line interpreters." It is reasonable to expect the presence of the element for at least some of the MMP's network providers. Therefore, the absence of any information or of a disclaimer statement about the element is considered not compliant.
- Optional: The MMP has a choice to include the element or not. The absence of an optional element has no impact on monitoring and compliance results. For example, "Optional: Include web and e-mail addresses" or "Optional: Indicate if the provider supports electronic prescribing."

4. *NEW*: What does "Partially compliant" mean? Are MMPs penalized when an element is noted as "Partially compliant"?

"Partially compliant" indicates that the MMP included some, but not all, of the components necessary to fulfill the specific requirement. In the CY 2016 monitoring, we scored elements as either "Compliant" or "Not compliant." Recognizing MMP improvement efforts in CY 2017

Directories, we included "Partially compliant" where appropriate when scoring multi-part requirements.

5. *REVISED*: What are the possible circumstances for an element to be marked "Not compliant"?

Generally, "Required" and "Required (as applicable)" elements are scored "Not compliant" if the element is completely absent from the Directory, missing from more than 50 percent of the observations within sections where it is applicable, or missing more than 50 percent of the required components if it is a multi-part requirement.

6. *REVISED*: What constitutes a print versus an online Directory? Do both the print and the online Directories have to meet the requirements of the Directory model? Are both versions required on an MMP's website?

For monitoring purposes, PDF versions of the Directory are considered the hardcopy or print Directory, and search engines on MMP websites are considered the online Directory. We hold both versions to the same standard and, where both are made available, apply model Directory requirements to PDFs and search engines alike. Per the Medicare Managed Care Manual, Chapter 4, Section 110.2.1, all versions of the Directory "must contain all information and follow all instructions within the CMS model provider directory."[3] As such, to be considered compliant, all publicly available versions of the Directory must contain information required in the Directory models. While some MMPs may choose to produce both online and print Directories for their members, CMS only requires that MMPs publish either one or the other on their websites.

7. *NEW*: Does the required disclaimer to provide "information for free in other formats, such as large print, braille, or audio" apply to the online Directory? Or is it in reference to the print Directory only?

All required disclaimers must be present in all published Directories. MMPs typically satisfy this requirement in the online format by posting on the Directory webpage either a simple listing of disclaimers or a supplemental PDF with disclaimers and any introductory language. An example of the latter is found on slide 14 of the CY 2017 Directory webinar presentation (see footnote 1).

[3] Requirements of the Medicare Managed Care Model, Chapter 4, Section 110.2.1 are incorporated by reference in MMP state-specific Marketing Guidance documents, which are located at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html, about halfway down the page, under the "State-Specific Information" heading, grouped alphabetically by state.

8. *NEW*: How do MMPs comply with requests to get plan information for free in an audio format?

MMPs have indicated they typically contract with a third-party vendor to fulfill beneficiary requests for plan information in audio format.

9. *NEW*: Regarding the requirement to describe "how an enrollee can find a network provider nearest his or her home," how this can be satisfied?

The Directory model states, “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.” MMPs should explain their chosen layout of provider listings and describe how an enrollee can find a provider based on location. For example, a Directory’s instructions for finding a nearby provider may guide enrollees to the Table of Contents to find the page number for the provider type of interest. Next, the MMP may describe how it organizes Directory subsections (e.g., first alphabetically by county, then by city or town, finally by provider name). An MMP that organizes its Directory by medical group may have a different set of instructions. As long as instructions are clear and simple for the enrollee to follow, MMPs have flexibility in how they describe this information.

10. If a requirement directs MMPs to indicate when a network provider is available, is it acceptable to indicate instead when the network provider is NOT available?

The Directory model allows MMPs flexibility in how to reflect required information. Some requirements instruct MMPs to list routine information whereas other requirements instruct MMPs to indicate when an element is not available. If an MMP chooses to reflect required information other than as specified in the Directory model, then the MMP should include a clear, concise, prominent disclaimer as explanation. An example of such a disclaimer may be found in the CY 2016 Directory webinar presentation slides.[4] The screenshot on the far right of slide 11 illustrates the MMP statement: “Public transportation is accessible unless indicated.” By including the disclaimer and indicating any providers not accessible by public transportation, the MMP’s approach is acceptable even though the actual requirement in the Directory model is, “Indicate if the provider’s location is on a public transportation route. Optional: Include public transportation types (e.g., bus, rail, boat).” Examples are not requirements and are not intended to be prescriptive.

[4] Webinar presentation slides from September 7, 2016 are available for download here: https://www.cms.gov/Medicare-Medicaid-Coordination/ Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPPPDMonitoringTechnicalAssistanceCall090716.pdf

11. *REVISED*: What if I have questions about which providers to include in a specific network provider type or which requirements are applicable? For example, are non-traditional providers for home and community-based services (HCBS) or long-term services and supports (LTSS) treated any differently?

Each Directory model lists state-specific required network provider types under the "List of network providers" heading in the "Finding <plan name> providers in your area" section. The state often includes examples of health care professionals, facilities, and support providers that pertain to each type. Also, under the "Recommended organization" heading of the same section, the state provides additional clarification in plan instructions in "1. Type of provider" and in the Note following "5. Provider." Refer to the state-specific Directory model to review the exact requirements for health care professionals and non-facility based support providers under the "Provider Type (e.g.,…)" heading and those for facilities and facility-based support providers under the "Facility Type (e.g.,…)" heading.

12. What is the expectation for handling required data fields that have missing information as a result of nonresponsive providers or pharmacies? Is the use of "not reported" or "N/A" acceptable? Additionally, should providers or pharmacies be omitted from the Directory if required elements are missing?

MMPs are expected to reflect required information obtained from providers and pharmacies in the Directory listings. In the absence of information for a required element, MMPs should leave the data field blank rather than use default or placeholder terms, such as "not reported" or "N/A." Additionally, MMPs should not omit any network providers or pharmacies from Directory listings because required information is missing. Moreover, MMPs should not populate blank fields with "Call Member Services" or other language that shifts responsibility to beneficiaries.

13. Most of the presentation appeared to focus on Directory requirements for health care providers. Which requirements apply to pharmacies, and how do they apply?

The first half of the Directory model contains information, requirements, and listings for network health care professionals, facilities, and support providers. The second half of the Directory model contains applicable information, requirements, and listings for various network pharmacy types. "Pharmacies" appears in bold as a heading at the top of the page in each state-specific model where that section begins.

14. What resources are available to increase understanding of and compliance with Directory requirements?

In addition to the CY 2017 webinar presentation slides (see footnote 1) and this document, other resources that provide details about Directory requirements include state-specific:

- Three-way Contracts[5]
- Marketing Guidance (see footnote 3)
- Directory models[6]

After consulting these resources, MMPs may also contact their Contract Management Team (CMT), appropriate state agency personnel, or MMCO with additional questions or requests for assistance.

15. *NEW*: What will be the next steps for the beneficiary testing findings? Will CMS revise model materials to apply these findings?

MMPs may use information from beneficiary testing (see footnote 1) and the CY 2017 Directory monitoring[7] to improve their CY 2018 Directories. Additionally, we anticipate incorporating key recommendations into CY 2019 model materials as part of our ongoing efforts to help MMPs improve their Directories to ensure that enrollees and prospective enrollees have the information they need to make informed decisions about their health care choices.

Provider Compliance and Outreach

1. *REVISED*: How frequently is outreach to providers for purposes of directory updates required? How frequently should print directories be updated? How frequently should online directories be updated?

MMPs should refer to the guidance in the January 17, 2017, HPMS memorandum "Provider Directory Policy Updates," which will be incorporated into Chapter 4 of the Medicare Managed Care Manual at a later date. MMPs must keep both hardcopy and online provider directories up to date. MMPs may determine the best method to ensure up-to-date directories, and regular outreach to individual providers (e.g., quarterly) is one way to assist

[5] Each capitated model's three-way contract is accessible here: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCare Coordination.html. Scroll down the left side of the page, and click a specific state. The three-way contract is posted halfway down each state's page under the "More information from CMS" heading.

[6] All MMP member material models are located here: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html. About halfway down the page, under the "State-Specific Information" heading, models are grouped alphabetically by state under the "Model Marketing Materials" subheading.

[7] The HPMS memorandum, dated March 20, 2017, is located here: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPProviderandPharmacyDirectoryMonitoringCY2017_03202017.pdf.

MMPs in ensuring data is accurate. CMS allows MMPs up to 30 calendar days to update hardcopy and online directories, and MMPs may use addenda to update hard copies.

2. How frequently should the pharmacy information in the Directory be updated?

MMPs should refer to the guidance in the August 16, 2016 HPMS memorandum, "Pharmacy Directories and Disclaimers," which will be added to Chapter 5 of the Prescription Drug Benefit Manual at a later date. MMPs must ensure that their website contains current pharmacy information at all times.

3. *NEW*: Are there best practices for how to get providers to notify MMPs timely of changes that would impact the directories?

During the CY 2017 webinar, MMP panelists reported improved provider compliance with plan requests for information by using outreach techniques such as online surveys, website and provider portals, phone calls, faxes, direct mail, and newsletters. In addition, MMPs indicated obtaining provider information updates from other sources (e.g., customer service, transportation, case management, utilization management, claims). MMP panelists also mentioned that automating the update process and including an attestation requirement were helpful (see footnote 1, slides 27 and 29).

4. Our organization's ability to meet requirements for certain elements, such as days and hours of operation, languages spoken at the location, or provider training, experience, and credentialing, is dependent on the provider's compliance with our requests for information. What can we do to meet these requirements?

MMCO surveyed the highest scoring MMPs from Directory monitoring and compiled the following practices for obtaining required information from providers and pharmacies:

- Use an online provider portal or application, which includes required Directory elements, where providers can update their information
- Conduct outbound calls to providers to verify information listed in the Directory
- Contact a provider several times by email and/or by phone to collect the information
- Go to the provider's office to review requirements and the timeframe for returning the information
- Send recurring email or fax blasts as part of an outreach campaign to all network providers

5. Has CMS thought about offering a centralized website for providers to update their information and complete required trainings so all health plans have access to the latest information?

As discussed in the "Announcement of Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter," CMS is aware of pilot programs being tested by some Medicare health plans to use

new technology to simplify the process of updating provider directories for physicians and other network participants.[8] We are supportive of industry efforts to improve provider directories and encourage health plans and providers to continue to work collaboratively to develop more effective and efficient methods of maintaining accurate provider directories.

Provider Training, Experience, and Licensing Information

1. **Does MMCO expect MMPs to verify provider experience or training against NCQA (National Committee for Quality Assurance) or other nationally recognized credentialing standards? Will MMCO audit MMPs on how they validate provider experience and training to determine compliance with Directory requirements?**

   MMPs are expected to reflect the information they obtain from and/or that is reported by network providers. We have not established an expectation that MMPs will independently verify information received from providers. While MMPs periodically review the accuracy of provider information (e.g., through credentialing and recredentialing processes), we do not currently monitor the accuracy of provider information in the Directories.

2. **Is it acceptable to use a "Yes/No" indicator for a requirement that instructs MMPs to list specific information in the Directory, such as including a provider's specialized training and experience?**

   No. Any Directory elements that require listing specific information cannot be satisfied with a "Yes/No" indicator. In this example, the Directory requirement states, "As applicable, list areas the provider has training in and experience treating." The requirement continues by including areas of expertise such as physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, trauma, child welfare, and substance abuse. It is important to emphasize that these are specific areas or conditions in which the provider has expertise beyond his/her specialty. MMPs would satisfy the requirement by listing each provider's areas of training and experience, which could differ from provider to provider. A "Yes/No" indicator could not satisfy the requirement because it would not tell the beneficiary what the provider's specific areas of expertise are.

3. ***REVISED*: Is it necessary to display both NPI and license number at the provider and facility level? Are MMPs required to list a specific type of licensing information, such as medical license, state license, or other?**

   No. Where MMPs are required to include licensing information, license number and NPI are provided as examples of information that would satisfy the requirement. MMPs may choose

[8] The "Announcement of Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter is available for download here: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf.

to include other appropriate provider, group, or facility licensing information that would be useful to someone reading the Directory and choosing providers. As mentioned elsewhere in this document, examples are not requirements and are not intended to be prescriptive.

Pharmacy Information

1. ***REVISED*: What is the guidance on providing days and hours of operation versus indicating when a pharmacy is open 7 days per week and/or 24 hours per day?**

   Beginning in CY 2018, it is optional for MMPs to include pharmacy days and hours of operation and indicate when a pharmacy is open 7 days per week and/or 24 hours per day. When providing this information, MMPs may simply state “Open 24 hours” or use symbols if they provide a key or legend. We clarified MMP instructions in the CY 2018 Directory models.

2. ***REVISED*: If all pharmacies in our Directory are available to all members, what should we do to meet the requirement to indicate when a pharmacy is not available to all members?**

   If all network pharmacies listed in the MMP’s Directory are available to all members, the MMP may include a concise and prominently displayed statement to that effect to fulfill the requirement. Alternatively, an MMP may use a specific notation to denote pharmacies that are not available to all members or describe how such pharmacies may otherwise be identified in the Directory. We clarified MMP instructions in the CY 2018 Directory models.

3. ***NEW*: Can MMPs include a disclaimer listing the toll-free number or should plans list a toll-free number for each pharmacy?**

   Current Directory models include additional flexibility for chain pharmacies in lieu of providing days and hours of operation for all locations. MMPs may provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the days and hours of operation of the chain pharmacies nearest his or her home.

4. ***NEW*: What type of "additional information” on Home Infusion Pharmacy and Long-Term Care Pharmacy services does an MMP need to include to meet the pharmacy requirement?**

   MMPs should refer to state-specific Directory models for detailed plan instructions under the “Home Infusion Pharmacies” and “Long-Term Care Pharmacies” headings. In general, MMPs include additional information describing how enrollees may access these pharmacy services, any limitations these pharmacy services may have, and how to get more information about these pharmacy services.

Non-English Languages

1. **Indicating the availability of language line interpreters, as applicable, is required. If we offer language line interpreters to all providers, how can we satisfy the Directory requirement?**

   If the MMP provides all network providers with access to language line interpreters, it may indicate that in a concise and prominently displayed statement in the Directory. For example, the MMP might include "All providers have access to language line interpreters" at the bottom of each page rather than in each individual provider listing. Additionally, it is not necessary to list the individual languages provided by language line interpreters.

2. **Would a provider who can speak a non-English language at the practice be considered a skilled medical interpreter? Are MMPs required to display spoken languages of the provider and at the facility at the provider (or practitioner) level?**

   The Directory requires that MMPs list any non-English languages (including ASL) spoken by the provider or offered onsite by skilled medical interpreters. Although a similar requirement exists for facilities listed in the Directory, MMPs will want to consider how best to indicate non-English language availability for large facilities such as hospitals (e.g., a prominently displayed statement that pertains to all facilities within a specific category). MMPs have flexibility in how they illustrate this information. For example, slide 11 in the CY 2016 Directory webinar presentation offers two compliant examples (see footnote 4). We also included additional flexibility in the CY 2017 model requirements for providers in a group practice who are co-located and listed together in the Directory. In such cases, the MMP may list appropriate requirements (e.g., days and hours of operation, public transportation route and types, non-English languages (including ASL)) at an aggregate group practice level rather than at an individual provider level. The plan instruction appears in a Note following the field for the provider's phone number on the page whose heading is "Sample formatting for health care professionals and non-facility based support providers."

3. ***NEW*: For standing requests for non-English or alternate formats, are plans required to provide materials in any language that is requested or only threshold languages? If the non-English language threshold exceeds 5 percent, is the MMP required to have the Spanish directory available on its website at the same time that it mails printed directories?**

   MMPs are required to provide translations of the Directory and all other materials identified in section 30.5 of their state-specific Marketing Guidance in prevalent non-English languages only. MMPs are required to post online all required materials in each prevalent non-English language for their Plan Benefit Package service area by September 30 or December 31, as applicable, for the upcoming contract year, as expressly stated in the Medicare Marketing Guidelines and state-specific Marketing Guidance. MMPs provide interpretation assistance in any language to enrollees who call Member Services.

4. ***NEW*: Should an MMP include English as a provider language in its directory?**

   Plan instructions in the Directory model require that MMPs list any non-English languages (including ASL) spoken by the provider, at the facility, or offered onsite by skilled medical interpreters. Therefore, it is not necessary to include English.

Public Transportation

1. ***REVISED*: For the public transportation requirement, are Directories required to have a "Yes/No" indicator or is it acceptable to have a link to "Public Transportation" that directs users to Google Maps? Will this be recognized as meeting the requirement?**

   MMPs are required to indicate if the provider's location or the facility is on a public transportation route. Examples are offered on slide 17 in the CY 2017 Directory webinar presentation (see footnote 1). A "Yes/No" indicator is one way to satisfy the requirement. Although the requirement must be met without directing beneficiaries to an external source, MMPs may include links to third-party sources as helpful supplemental information. When MMPs use links to third-party sources, we encourage them to include concise instructions so that beneficiaries will know how to navigate those sources and interpret the information contained.

2. **Does MMCO consider taxis to be public transportation?**

   No. Public transportation is defined as buses, trains, subways, and other forms of transportation that charge set fares, run on fixed routes, and are available to the public. As a result, neither taxis nor an MMP's transportation benefit are considered public transportation.

3. **Can the plan satisfy the public transportation route requirement by placing a footnote on every other page of the Directory stating that all provider locations are available by public transportation or by using MMP's transportation benefit?**

   When applicable, MMPs may satisfy the requirement by including a prominently displayed statement indicating all network providers are accessible by public transportation. MMPs may also include additional transportation information that would be helpful to the beneficiary.

4. **Model directories do not mention time or distance in the public transportation route requirement. Can the MMP define time and distance parameters as long as a definition and key are included?**

   Yes. MMPs have the flexibility to establish reasonable time and distance parameters and clearly explain them in the Directory for use as supplemental information. Slide 17 in the CY 2017 Directory webinar presentation illustrates one such example (see footnote 1).

5. What are some recommended sources or vendors for obtaining public transportation information?

Several commonly used sources for mining public transportation information include:

- Google Maps or Google Transit
- Walkscore.com
- Local mass transit system

Cultural Competence Training

1. *NEW*: What qualifies as Cultural Competence Training?

Provider education and training requirements, including cultural competency, are identified in each MMP's three-way contract (see footnote 5). MMPs are encouraged to work closely with their Contract Management Team to better understand state-specific training requirements and recommendations.

2. How can MMPs demonstrate compliance with the cultural competence training requirement?

Slide 18 in the CY 2017 Directory webinar presentation offers a few examples of how MMPs can demonstrate compliance with the cultural competence training requirement (see footnote 1). One useful source of information for cultural competence resources and training is the U.S. Department of Health and Human Services' Think Cultural Health website, which is available at https://www.thinkculturalhealth.hhs.gov/.

3. Is the cultural competence requirement considered "Optional" since the training is voluntary for MMP providers in my state?

States require MMPs to indicate, as applicable, if a network provider has completed cultural competence training, whether or not the training is voluntary. Question 3 in the General section of this document explains the difference between elements that are "Required, as applicable" and "Optional."

Accommodations for Individuals with Physical Disabilities

1. Is there a minimum list of categories MMPs should include as accessibility options? Are specific categories recommended?

No. Although MMPs are required to include specific accommodations at the provider's location for individual with physical disabilities, all providers will not have the same accommodations. We prescribe no list of required accommodations in the Directory models, but we offer examples such as wide entry, wheelchair access, accessible exam rooms and tables, lifts, scales, bathrooms and stalls, and grab bars. MMPs may certainly include

additional accommodations. MMPs also have flexibility in how they illustrate accommodations in the Directory. Slide 11 in the CY 2016 Directory webinar presentation (see footnote 4) provides two examples.

2. Since facilities are legally required to have specific accommodations for individuals with a disability, are MMPs permitted to include those accommodations in their directories without directly obtaining the information from the facility?

No. MMPs are required to include the accommodations for individuals with a disability that exist at each facility, and accommodations may vary from facility to facility. MMPs may include specific accommodations reported by the provider's facility or obtained through another source.

3. What steps can MMPs take to fulfill the requirement for including specific accommodations at the facility for individuals with physical disabilities?

MMCO surveyed the highest scoring MMPs in this category from the CY 2016 monitoring and compiled the following practices for obtaining this information:

- Create multiple categories of accessibility
- Gather information about specific accommodations through provider applications and during site visits
- Use telephonic surveys of provider offices to obtain information about their level of accessibility
- Send multiple requests to nonresponsive providers