Model Provider Directory Instructions

- Managed Care Organizations (MCOs) are required to use the most recent version of the standardized Model Provider Directory Guidelines for Families and Children, MinnesotaCare, Minnesota Senior Care Plus (MSC+), and non-integrated Special Needs BasicCare (SNBC). See Attachment 2 Model Provider Directory.
- MCOs who choose to create subdirectories are required to follow the most recent version of the standardized Model Provider Directory Guidelines for Families and Children, MinnesotaCare, MSC+, and non-integrated SNBC. This includes all wrap language. The listings in the subdirectories do not have to be a part of the larger directory. See Attachment 2 Model Provider Directory.
- MCOs should submit the Families and Children, MinnesotaCare, MSC+, and non-integrated SNBC Provider Directory and subdirectories to their contract manager for review and approval.
- Do not combine integrated and non-integrated products into one provider directory or subdirectory.
- The legend for the Model Provider Directory is:
  o Text shown as <text> is required language. This text may represent variable data.
  o Text shown as [text] is optional language, depending on the italicized notes.
  o Language in italics are instructions to the MCO. Delete instructions in the MCO’s final version.
- Permissible alterations include modifications as allowed in model instructions and as approved by DHS materials staff.
- MCOs may include the words (toll free) wherever a toll free phone number is listed.
- Format the document as desired specific to font style, margins and bullets but document meet contractual and Managed Care Regulation requirements.
- Starting with the Table of Contents through the duration of the document, page numbers must flow continuously in numeric order.
• Incorporate monthly provider directory and subdirectory updates into the main document. Inserts or addendum are not acceptable.

MCO Provider Directory Submission Process

The submission processes listed in this section describe the annual submission process and the monthly submission process.

Annual Submission

- Attach the most current Materials Review Checklist with the Provider Directory submission.
- Review and edit the draft Provider Directory and subdirectories before submission to DHS. This includes correcting grammar, spelling, and other typographical errors, and ensuring accuracy of data. Errors may cause delays in the approval process.
- The directory text must be in 12 point font type or greater. Alternative formats must include large print version, which the Managed Care Regulation defines as font size no smaller than 18 point.
- Submit the following to your DHS contract manager:
  - The revised Provider Directory (in a format ready for printing).
  - The revised subdirectories (in a format ready for printing).
  - MCOs must use the state approved Provider Directory Monthly Change Report Template for the provider directory and subdirectories to report changes.
    - Use the change report form template for both the annual and monthly Provider Directory and subdirectory submission.
    - Report changes from the previous month on the change report form and submit it with the annual Provider Directory.
    - If there are no changes from the previous submission, notify the DHS contract manager by putting “no changes” on the change report form.
  - The Provider Directory and subdirectories must have a Flesch Scale Analysis Readability Score at or below 7th grade level. Submit Flesch scores for the Provider Directory and subdirectory with the annual submission.
  - Submit a signed attestation within five business days after the contract manager’s approval of the annual submission for the provider directory and subdirectory. See Attachment 6 Provider Directory Attestation.
    - The MCO must ensure the provider and narrative information contained in the Provider Directory and subdirectories is accurate and does not contain false or misleading statements as of the date of submission to DHS.
    - The MCO must ensure in the annual Provider Directory and subdirectory attestation that the MCO has reviewed and will continue
to review and ensure the information submitted in their Provider Directory and subdirectories is, to the best of their knowledge, true, complete, and accurate.

- The MCO must have a process to validate that the information provided is correct, including name, address, phone number, and any other required information as stated in the contract, Managed Care Regulation, and the Provider Directory Guidelines.
- The attestation must confirm that the MCO has used the appropriate tagging to be read by a screen reader for all symbols used in the Provider Directory and subdirectories.
- The attestation must be signed by an officer within the MCO such as a CEO, CFO, or vice president. The officer can delegate a person within the MCO to sign on his or her behalf. The letter of delegation must be on file with DHS.

- Submit revised Provider Directory and subdirectory drafts as necessary until final approval from DHS is obtained.

**Monthly Submission**

- Submit the most current Materials Review Checklist with the Provider Directory.
- Submit the following to the DHS contract manager:
  - The revised Provider Directory (in a format ready for printing).
  - The revised subdirectories (in a format ready for printing).
  - MCOs must use the state approved change report form template for the Provider Directory and subdirectories to report changes.
    - Use the change report form template for both the annual and monthly Provider Directory and subdirectory submission.
    - If there are no changes from the previous submission, notify the DHS contract manager by putting “no changes” on the change report form.

**Process for Distribution of Final Approved Provider Directory**

- MCOs are required to post the final approved Provider Directories and the separate subdirectories on their website by the first of each month or within five days of receiving DHS approval.
- MCOs are required to post the final approved Provider Directory and the separate subdirectories for all programs to the MCO’s website in machine readable file, defined as a format in standard computer language (not English text) that can be read automatically by a web browser or computer system.
• MCOs must comply with contract requirements related to electronic accessibility, including Sections 504 and 508 of the Rehabilitation Act.
• The MCO must provide the Provider Directory and subdirectories in an alternative format to its members upon request. Alternative format refers to auxiliary aids and services as defined in the contract and Managed Care Regulation.
• The MCO may provide the Provider Directory and subdirectory in an alternative format to DHS and to counties within its service area, upon request.
• Send a PDF copy of any non-English Provider Directory and subdirectories to the contract manager and a signed attestation that the non-English version contains the same information as the English version. If the MCO translates the Provider Directory and subdirectories into other languages, the entire Provider Directory and subdirectories must be translated, except for the provider network listing section.
• Send a copy of the final approved version of the Provider Directory and subdirectories in an accessible format for a web environment to the DHS contract manager after receiving DHS approval.
• Refer to Attachment 1, Provider Directory Distribution, for details about the process for printing and delivering Provider Directories to counties and DHS. Information included in a paper Provider Directory and all subdirectories must be updated at least monthly and electronic Provider Directories and all subdirectories must be updated no later than thirty calendar days after the MCO receives updated provider information.

Attachment 1: Provider Directory Distribution
Attachment 2: Model Provider Directory
Attachment 3: Dental Provider Listing Example
Attachment 4: Mental Health Provider Listing Example
Attachment 5: Substance Use Disorder Listing Example
Attachment 6: Provider Directory Attestation
PROVIDER DIRECTORY DISTRIBUTION

MCOs should include the following information on all Provider Directory shipment labels:

- MCO name:
- Program: (for example, SNBC, MinnesotaCare, etc)
- Provider Directory effective date:
- Case quantity:

MCOs should include packing slips with the following information for all Provider Directory shipments:

- Number of boxes
- Quantity in each box
- Content details

**Families and Children, MSC+, and non-integrated SNBC Provider Directories** – The MCOs are responsible to reach out to the counties to determine the number of Families and Children, MSC+, and the number of courtesy non-integrated SNBC Provider Directories that need to be delivered to each county.

Per 42 CFR 438.10, MCOs must update information in a paper provider directory at least monthly. Whenever changes are made, MCOs must ensure that revised Provider Directories are readily available to counties that have requested paper provider directories, so that counties can have the most current information available.

The MCOs are responsible for sending requested Provider Directories to the counties and tribes upon request.

**MinnesotaCare Provider Directories**

All MCOs must submit five paper provider directories monthly to DHS.

Department of Human Services (DHS)
Attn: Carol Gombkoto
540 Cedar Street
St. Paul, MN 55101

The shipment needs to be postmarked by the seventh day of each month. MCOs are also required to send notification to the contract manager by the seventh day of each month including the shipment date, the date DHS can expect to receive the shipment, and quantity.
ATTACHMENT 2

MODEL PROVIDER DIRECTORY

[MCO may insert pictures throughout the Provider Directory.]

(Cover)

[MCO may insert its plan logo and/or trademark statement on the front and/or back cover as well as inside the Provider Directory.]

Provider and Pharmacy Directory

[<Provider Type> [Subdirectory]
  <Subdirectory cover title should include the name of the provider type listed within that subdirectory.>]

<MCO name>

<Insert the names of the programs (Families and Children, MinnesotaCare, MSC+, and non-integrated SNBC) that are covered in this Provider Directory.>

<Insert a listing of the MCO’s contracted service area counties that are covered within each program type.> This information may alternatively be listed immediately following the Language Block, Discrimination and Complaint Notice CB-5, American Indian Statement, and the Minnesota Department of Health (MDH) Statement.

<Insert name of MCO, address, Member/Customer Service phone numbers including TTY, website URL, and hours of service. This information must be located in a prominent place on the front cover.>

<Insert on the front cover: The information in this directory is correct as of <MM/YYYY>. To see the most current information, <Explain how members can access the most current information.>. If you are looking for or have questions about a specific provider, contact <Member/Customer Services> at <Insert phone number including TTY>. The directory is updated monthly. You can ask for a printed copy of this Provider Directory at any time.>

<DHS Approved Date MM/DD/YYYY> The approval date is the date DHS approves the wrap language (Example: DHS Approved 01/26/2018). This date is to be used on the monthly update submission.
Place the following starting inside the front cover:

<Language Block>
<Discrimination and Complaint Notice CB-5>
< American Indian Statement>
< Minnesota Department of Health (MDH) Statement/National Committee for Quality Assurance (NCQA) Disclaimer Statement>
<Insert a Table of Contents. MCO may alternatively insert the Table of Contents immediately before the listings.>
Families and Children: Families and Children is a managed care program that covers health care for the following people who have Medical Assistance:

- Children under 21 years old
- Parents and caretakers of a dependent child
- Pregnant women
- Low-income adults without a dependent child

[Our Families and Children program is called <Insert name of MCO’s Families and Children product>.]

MinnesotaCare: MinnesotaCare is a managed care program that covers health care for people who do not have access to affordable health care coverage. Some members may be required to pay a premium to the state.

[Our MinnesotaCare program is called <Insert name of MCO’s MinnesotaCare product>.]

Minnesota Senior Care Plus (MSC+): MSC+ is a managed care program that covers health care and Elderly Waiver services for people who:

- are 65 years old or older and
- have Medical Assistance.

[Our MSC+ program is called <Insert name of MCO’s MSC+ product>.]

If you are enrolled in MSC+, you may have another option. Check with your county financial worker to see if you can enroll in the Minnesota Senior Health Options (MSHO) program. MSHO is a voluntary program.
Special Needs BasicCare (SNBC): SNBC is a voluntary managed care program that covers health care for people with disabilities who:

- are 18 through 64 years old*
- have Medical Assistance, and
- have either both Medicare Parts A and B or Medical Assistance only.

* People in SNBC who turn 65 will be enrolled into a senior managed care program if they continue to meet the eligibility criteria to enroll in managed care.

[Our SNBC [Medicaid only] program[s] <is/are> called <Insert name(s) of MCO’s SNBC product(s)>.]

[If the MCO has more than one non-integrated product, the MCO may include a brief description to distinguish them apart.]
<Introduction>

MCO may include information about how to use the directory and/or what types of providers are included in the listings.

When using acronyms, the MCO must provide the full description of the term that the acronym is describing. For example, Advanced Practice Nurse (APN). The MCO must include an acronym definition section/glossary at the beginning of the directory.

Whenever a phone number is listed, the TTY must also be provided.

MCOs may include the words (toll free) wherever a toll-free phone number is listed.

You must get all of your health care from <MCO Name> network providers. There are some exceptions. Examples of exceptions are: emergency or urgent care, open access services, and other previously authorized services. If you have questions about the providers you should use, please contact <Member/Customer Services>.

<Explain how the member can access specialists (for example, prior/service authorizations, direct access, etc.).>
<Important Information>

Care Coordination
For MSC+ and non-integrated SNBC, insert a description of the MCO’s care systems, care coordination or case management and any other distinguishing information that will assist the member. If members are limited to certain providers within a care system, the MCO must identify the providers available within that care system.

You can get [more] information on [how to access] <care coordination> services [by] <Insert applicable information>.

Clinics

[MCOs should insert one of the following:]

When you are a member or become a member of <MCO Name>, you chose or were assigned to a <primary care provider (PCP)/primary care clinic (PCC) or care system> [and a dental clinic]. Your <primary care provider (PCP)/primary care clinic (PCC) or care system> [and dental clinic] can provide most of the health care services you need, and will help coordinate your care. [This provider will also advise you if you need to see specialists.] You may change your <primary care provider (PCP)/primary care clinic (PCC) or care system> [or dental clinic]. <Explain the process for changing a provider/clinic/care system/dental provider.>

Or

<MCO name> encourages you to choose a <primary care provider (PCP)/primary care clinic (PCC) or care system> [and dental clinic]. Your primary care clinic can provide most of the health care services you need, and will help coordinate your care. Please confirm with Member Services that your clinic is still a provider with our health plan. You can go to any primary care clinic that’s listed in this directory or our online provider search at <MCO website>.

Cost Sharing

You may be required to pay an amount toward some health care services. This is called cost sharing. Some examples of cost sharing are copays or deductibles for certain services. You are responsible to pay your cost sharing amount directly to your pharmacy or health care provider. You can get a Member Handbook with more information about cost sharing.
Interpreter Services

American Sign Language (ASL) and language interpreter services are available to help you get services. Oral interpretation can be given to you in your language. You may be able to get written information in your language. <Specify how members can access interpretation services. For example: “Call <Member/Customer Services> or XYZ Interpreter Agency to get interpreter services.”> Written information must be available in prevalent non-English languages.

Long Term Services and Supports (LTSS)

[For MCOs combining directories with MSC+, add language indicating this section is only applicable to MSC+ members.

For MCOs with separate directories for each program, add this section to your MSC+ directory.

You may be able to get long-term services and supports (LTSS), such as services provided by the Elderly Waiver (EW) program as a <MCO name> member. LTSS help people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. LTSS are intended to help you live in the community and are typically provided at your home by home and community-based services providers.

[If plan includes LTSS providers in the Directory, include information regarding accessing LTSS and talking with a Care Coordinator.]

You must have a long-term care consultation (LTCC) done and be found to be eligible to get additional services or support. You can ask to have this assessment in your home, apartment, or facility where you live.

Your care coordinator will meet with you and your family to talk about your care needs if you call to ask for a visit.

Your care coordinator will give you information about community services, help you find services to stay in your home or community, and help you find services to move out of a nursing home or other facility.

If you need transition planning and coordination services to help you move to the community, you may be eligible to get Moving Home Minnesota (MHM) program services. MHM services are separate from Elderly Waiver (EW) services, but you must be eligible for EW.

[MCO should describe how members can ask for a listing of LTSS providers.] To find out more about these services, see your Member Handbook. Call <Member/Customer Services> to get more information on how to access these services.
Member Handbook

To get detailed information about covered health care services, see your Member Handbook. It also explains your rights and responsibilities [as a member of <MCO Name>]. Contact <Member/Customer Services> at <Insert phone number including TTY.> You can ask for a printed copy of the Member Handbook at any time. <Insert applicable information including instructions on how to access electronically and how to request a printed copy.>.

Member Identification (ID) Cards

You will get a health plan member identification (ID) card. You must show this card whenever you get health care services, including when you get a prescription filled. <Explain how the member will receive their member ID card [and member packet.>]

Service Accessibility

If you need special access to get services from a provider, you can get <a list of providers/information> by calling <Member/Customer Services> at <Insert phone number including TTY.>. [Or, visit <Insert Web address.>.] This could include, but is not limited to, accessible office, exam room, and equipment.

<Prior/Service> Authorization

Our approval is needed for some services to be covered. You must get our approval before you get certain services or before we pay for them. [MCO may add additional information about <prior/service> authorization process.] You can get a Member Handbook with more information about which services require <prior/service> authorization.

[MCOs may include a “box” in this section that includes contact information including TTY for member questions.]
MCOs must insert one of the following three options:

**Text Only**

MCO must insert a comprehensive written key prior to the provider network listing. The key must include the following language:

The Americans with Disabilities Act (ADA) requires that people with disabilities have equal access to services.

Cultural Competency Training, as defined by the Centers for Medicare and Medicaid Services (CMS): Cultural competency training is additional instructions for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.

The listing must indicate, at the facility level, what specific accommodations for individuals with physical disabilities are available, MCO must use text to indicate whether each of the following are accessible: office, exam room, and equipment.

[Primary Care Clinic (PCC) numbers may be up to seven alpha and/or numeric characters long. Do not use hyphens or dashes in identification numbers.]

The following provider types do not need to list accessibility requirements in the provider directory or subdirectory: Home Health, Home and Community Based Services (HCBS), Nursing Homes, Personal Care Assistance (PCA), and Transportation.

MCO must use text to indicate, for all providers listed in the directory, if the provider is accepting new patients as of the directory’s date of publication. MCOs are to make this indication at the facility level.

MCO must use text to indicate, at the facility level for all providers listed in the directory, if the provider has completed cultural competency training in the past twelve (12) months.

Example:
Provider Name
[<PCC Number>] Provider Address
Provider Phone Number
Accepting New Patients: Yes/No/If blank then unknown
ADA Accessible Office: Yes/No/If blank then unknown
ADA Accessible Exam Room: Yes/No/If blank then unknown
ADA Accessible Equipment Yes/No/ If blank then unknown
Cultural Competency Training in the past 12 Months: Yes/No/If blank then unknown

[MCOs may add other relevant provider information to a listing. For example, hours of operation, open 24 hours]

Text with symbol

<MCO must insert a comprehensive written key prior to the provider network listing describing the symbol. For example, an asterisk (*) indicates accepting new patients. MCO must ensure the symbols have appropriate tagging to be read by a screen reader. For example, whenever a caret (^) is used, the screen reader would read “Accessible Office” not “Caret.” In addition to the symbol, the key must include the following language:

The Americans with Disabilities Act (ADA) requires that people with disabilities have equal access to services.

Cultural Competency Training, as defined by the Centers for Medicare and Medicaid Services (CMS): Cultural competency training is additional instructions for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.>

<The listing must indicate, at the facility level, what specific accommodations for individuals with physical disabilities are available. MCO must use text with symbol to indicate whether each of the following are accessible: office, exam room, and equipment.> The following provider types do not need to have accessibility listed in the provider directory or subdirectory: Home Health, Home and Community Based Services (HCBS), Nursing Homes, Personal Care Assistance (PCA), and Transportation.

[Primary Care Clinic (PCC) numbers may be up to seven alpha and/or numeric characters long. Do not use hyphens or dashes in identification numbers.]

<MCO must use text and a symbol to indicate, for all providers listed in the directory, if the provider is accepting new patients as of the directory’s date of publication. MCOs are to make this indication at the facility level. MCO must include a written key describing the symbol. MCO must ensure the symbols have appropriate tagging to be read by a screen reader. For example, whenever a caret (^) is used, the screen reader would read “Accessible Office” not “Caret.”>

<MCO must use text and a symbol to indicate, at the facility level for all providers listed in the directory, if the provider has completed cultural competency training in the past twelve (12) months. MCO must include a written key describing the symbol. MCO must ensure the symbols
have appropriate tagging to be read by a screen reader. For example, whenever a caret (^) is used, the screen reader would read “Accessible Office” not “Caret.”

Example:
Key:
*= ADA Accessible Office
+= ADA Accessible Exam Room
^= ADA Accessible Equipment
~=Accepting New Patients

<Provider Name>
[<PCC Number>]  
<Provider Address>
<Provider Phone number>
~=Accepting New Patients
* ADA Accessible Office
+ ADA Accessible Exam Room
^ ADA Accessible Equipment
#Cultural Competency Training in the past 12 Months

[MCOs may add other relevant provider information to a listing. For example, hours of operation, open 24 hours]

Symbol Only

<MCO must insert a comprehensive written key prior to the provider network listing describing the symbol. For example, an asterisk (*) indicates accepting new patients. MCO must ensure the symbols have appropriate tagging to be read by a screen reader. For example, whenever a caret (^) is used, the screen reader would read “Accessible Office” not “Caret.” In addition to the symbol, the key must include the following language:

The Americans with Disabilities Act (ADA) requires that people with disabilities have equal access to services.

Cultural Competency Training, as defined by the Centers for Medicare and Medicaid Services (CMS): Cultural competency training is additional instructions for our health care providers that helps them better understand your background, values, and beliefs to adapt services to meet your social, cultural, and language needs.

<The listing must indicate, at the facility level, what specific accommodations for individuals with physical disabilities are available (for example, if accessible office, exam room, and equipment.) MCO must use text to indicate whether the office, exam room, and equipment are
The following provider types do not need to have accessibility listed in the provider directory or subdirectory: Home Health, Home and Community Based Services (HCBS), Nursing Homes, Personal Care Assistance (PCA), and Transportation.

[Primary Care Clinic (PCC) numbers may be up to seven alpha and/or numeric characters long. Do not use hyphens or dashes in identification numbers.]

< MCO must use a symbol to indicate, for all providers listed in the directory, if the provider is accepting new patients as of the directory’s date of publication. MCOs are to make this indication at the facility level. MCO must include a written key on the footer of each page of the directory listings describing the symbol. MCO must ensure the symbols have appropriate tagging to be read by a screen reader. For example, whenever a caret (^) is used, the screen reader would read “Accessible Office” not “Caret.”>

<MCO must use a symbol to indicate, at the facility level for all providers listed in the directory, if the provider has completed cultural competency training in the past twelve (12) months. MCO must include a written key on the footer of each page of the directory listings describing the symbol. MCO must ensure the symbols have appropriate tagging to be read by a screen reader. For example, whenever a caret (^) is used, the screen reader would read “Accessible Office” not “Caret.”

Example:
Key:
*= ADA Accessible Office
+= ADA Accessible Exam Room
 ^= ADA Accessible Equipment
~ = Accepting New Patients

<Provider Name>
[PCC Number>]
<Provider Address>
<Provider Phone number>
~ ^ + *

[MCOs may add other relevant provider information to a listing. For example, hours of operation, open 24 hours]
The MCO is responsible to include all contracted network providers. A network provider, as defined by the contract, is a provider who is employed by or under contract with the MCO to provide health services to members.

MCO may choose to either insert the following providers in its directory OR make a separate subdirectory available to members: Home Care Agencies and Personal Care Provider Agencies.

Instructions: If the MCO is including the provider network listing type in this section, the MCO must add this introductory statement before each separate listing. For example: Prior to listing Primary Care Clinics: “You can get updated information about providers in this list by <Insert applicable information including instructions on how to access electronically and how to request a printed copy.>. You can also get information on specialists that are not listed in this booklet by <Insert applicable information.>”

OR

Instructions: If the MCO is not including the provider network listing type in this section and has a subdirectory, the MCO must add this introductory statement before each separate listing. For example: Home and Community Based Services: The following providers, <MCOs to insert provider type> are not listed in this directory but you can ask for a subdirectory by contacting <Member/Customer Services at Insert phone number including TTY.> [You can also reference the online provider search tool located at <Insert MCO Web address.>]

Include the name of the State at least at the beginning of the section. Listings must be alphabetized by county and then broken down alphabetically by city within that county.

MCOs must use the following format for each provider listing:

<Provider Name>
[<PCC Number>]
<Provider Address>
<Provider Phone Number>
Accepting New Patients: <Yes/No/If blank then unknown>
ADA Accessible Office: <Yes/No/If blank then unknown>
ADA Accessible Exam Room: <Yes/No/If blank then unknown>
ADA Accessible Equipment <Yes/No/If blank then unknown>
Cultural Competency Training in the past 12 Months: <Yes/No/If blank then unknown>

The listing, as appropriate, must include website URL and specialty.
Provider network listings should begin with primary care clinics. All other provider network listings should be listed in alphabetical order following the primary care clinic listings. The specialist provider network listings should be the last section within the provider network listing.

**Primary Care [Clinics]** *(must be listed separately within the Directory)*

- The listings must include names of clinics, individual physicians, types of physicians (ex. internists, family practice, pediatricians, etc.), street address (not PO Box), and telephone numbers.
- Include all hospital affiliations for Primary Care Clinics.
- Include any restrictions regarding a member’s ability to access services (specific to children or adults, age, types of services rendered, and gender). This information need only be reported at the clinic level. Listing this information at the individual physician level is optional.
- [Primary care clinic numbers (or the care system identification numbers if that is the selection members are to make). Primary care clinic numbers may be up to seven alpha and/or numeric characters long. Do not use hyphens or dashes in identification numbers.]
- Include non-English languages spoken at the clinic level. For sole practitioners, include non-English language spoken at the physician level.

**<Care Systems>** *(if applicable, must be listed separately within the Directory)*

- If the MCO uses Care Systems (for purposes of the Provider Directory, a care system is defined as an entity that restricts access to specific providers within that care system), the MCO must add a statement to this section that describes the Care Systems. The MCO must also list a toll-free telephone number including TTY that members can call for information.

**Dentists** *(must be listed separately within the Directory)* *(See Attachment 3)*

- The dental listings should be sectioned into areas of practice: General Dentists, Pediatric Dentists, Orthodontists, and Oral Surgeons
- The listings must include names of dental clinics, individual dentists, street address (not PO Box), and telephone number of the dentists, and whether facility is accepting new patients.
- The dental areas of practice can include additional areas of practice, such as, dental therapist.
Hospitals [and Outpatient Surgery Centers] (must be listed separately within the Directory)

- The listings must include the name, street address (not PO Box), and telephone number of the hospitals.
- The listings must also include the languages spoken at each hospital. MCOs should only list languages spoken by on-site interpreter staff.

<Home and Community Based Services (HCBS)> (These providers should not be listed within the Provider Directory as these are services only available for qualifying MSC+ members. MCOs must either use the DHS Open Network OR have a separate subdirectory outside of the Directory that would be available upon request as appropriate)

- Only applies to MSC+
- If MCO is using DHS HCBS network listing, use the following language: The following providers, Home & Community Based Service Providers, are not listed in this directory. <MCO Name> uses the DHS Open Network for these providers. <Explain how the member can access Home & Community Based Service Providers.>
- If MCO has a subdirectory, use the following language: The following providers are not listed in this directory, Home and Community Based Service (HCBS) providers but you can ask for a subdirectory by contacting <Member/Customer Services at Insert phone number including TTY.> [You can also reference the online provider search tool located at <Insert MCO Web address.>]
- All MCOs must have any provider subdirectories available upon request. If MCOs are using the DHS Open Network for HCBS providers, MCO must be able to confirm that printable lists can be provided by care coordinators/counties to members when requested.
- The listing must be alphabetical by county of service with provider name, type of service(s) offered, and city. The providers’ street address (not PO Box) and telephone numbers do not need to be included because members have to receive approval for these services.
- In addition, the MCO must add a statement that describes the network of HCBS and how to access these services. The MCO must also list a toll-free telephone number that members can call for information.
- The subdirectory must be available to care coordinators for those members who are eligible for services. The subdirectory does not have to be sent with the Provider Directory. Listings may be by county, statewide, or an area of the state.

Home Care Agencies (must be listed separately within the Directory or in a separate subdirectory outside of the Directory that would be available on request)
• The listings must include the name, street address (not PO Box), and telephone number of the home care agencies.
• If MCO is using DHS Open Network listing, use the following statement: The following providers, Home Care Agencies, are not listed in this directory. <MCO Name> uses the DHS Open Network for these providers. <Include specific information about how to access home care services>

<Nursing Homes> (must be listed separately within the Directory)
• Only applies to MSC+ and non-integrated SNBC
• The listings must include the name, street address (not PO Box), and telephone number of the nursing homes.

Mental Health Providers (must be listed separately within the Directory) (See attachment 4)
• This section should have the provider listings sectioned into inpatient and outpatient.
• For providers that offer both mental health and substance use disorder services, this section should list the mental health providers. For instance, if they provide mental health and substance use disorder, list them in both sections.
• Within the inpatient section, identify the facility types such as Psychiatric Residential Treatment Facility (PRTF), partial psychiatric facility or Behavioral Health Facility.
• Must list the areas of services: pediatric, adolescent and/or adult.
• At the facility level, specialty areas must be listed, such as: abuse assault and trauma, post-traumatic stress disorder (PTSD), addictions, adjustment disorder treatment, anger management, anxiety disorder treatment, chronic mental illness, chronic pain management, co-dependency, critical incident stress debriefing, depressive disorder treatment, divorce/blended family issues, domestic violence, eating disorder treatment, end of life issues, grief/bereavement counseling, mood disorders, obsessive compulsive disorders, panic disorder, personality disorder treatment, phobias, police personnel, post-partum depression disorder treatment, psychotic disorder treatment, rape victims, schizophrenic disorders, sexual abuse violence, sexual harassment, terminally ill patients, etc. This list is not all inclusive as there may be other focus areas that are not included. Please list the appropriate areas under each provider as identified by the provider.
• The listings must include clinic name, street address (not Post Office (PO) Box), and telephone numbers.
• Include any restrictions regarding a member’s ability to access services (specific to children or adults, age, types of services rendered, and gender.)
• Include non-English languages spoken at the clinic level. For sole practitioners, include non-English language spoken at the physician level.
• Subspecialists may be included such as Licensed Psychologists (LP), Licensed Independent Clinical Social Workers (LICSW), Licensed Marriage and Family
Therapists (LMFT), Licensed Professional Clinical Counselors (LPCC) and Advanced Practice Nurse (APN) with psychiatric specialization, etc.

**Personal Care Provider Agencies (PCPAs)** *(must be listed separately within the Directory or in a separate subdirectory outside of the Directory that would be available upon request)*

- Only applies to MSC+ only
- The listings must include the name, street address (not PO Box), and telephone number of the PCPAs.
- If MCO is using DHS Open Network listing, use the following statement: The following providers, Personal Care Provider Agencies, are not listed in this directory. <MCO Name> uses the DHS Open Network for these providers. *Include specific information about how to access Personal Care Provider Agency services*

**Pharmacies** *(must be listed separately within the Directory)*

- The listings must include the name, street address (not PO Box), and telephone number of the pharmacies.
- The following statement must be added to this section: “Enrollees with Medicare must use a Medicare Part D prescription drug plan for Part D covered drugs. Contact your Medicare Part D prescription drug plan if you have questions about how to access pharmacies for Part D drugs.”

**Substance Use Disorder (SUD) Providers** *(must be listed separately within the Directory) (See attachment 5)*

- The listings must include clinic name, street address (not Post Office (PO) Box), and telephone numbers.
- For providers that offer both mental health and substance use disorder services, this section should list the SUD providers. For instance, if they provide mental health and substance use disorder services, list them in both sections.
- Include any restrictions regarding a member’s ability to access services (specific to children or adults, age, types of services rendered, and gender.)
- Include non-English languages spoken at the clinic level. For sole practitioners, include non-English language spoken at the physician level.
- Include what specific SUD services facilities are licensed to provide: Comprehensive Assessment, Peer Recovery, Residential Treatment/Inpatient Treatment, Outpatient Treatment, Withdrawal Management, Medication Management, Treatment Coordination, Medication-Assisted Treatment (MAT) friendly facility (Methadone)
Urgent Care and After-Hours Care *(if applicable, must be listed separately within the Directory)*

- The listings must include names of clinics, street address (not PO Box), telephone numbers
- MCOs may choose to list hours of operations. If listing hours of operation, MCOs may choose to include a statement that Hours of Operations are subject to change.

Specialists *(may be listed separately within the Directory or at the clinic level)*

- Specialty types must be listed alphabetically by type. Within the specialty type, the listing must include the name of the State at least at the beginning of the section, be alphabetized by county and then broken down alphabetically by city within that county.
- The listings must include clinic name, individual physicians (as applicable), street address (not PO Box), and telephone numbers. MCOs may determine whether to include provider information beyond the clinic level information.

*Example list of Specialists/Providers:*

- Allergy/Immunology
- Audiologist [/Otolaryngology]
- Cardiology
- Chiropractic
- Dermatology
- Durable Medical Equipment (DME)
- Endocrinology
- Eye/Vision Care
- Gastroenterology
- Hematology[/Oncology]
- Indian Health Services (IHS)
- Infectious Disease
- Nephrology
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology (Ob-Gyn)
- Oncology[/Hematology]
- Ophthalmology (must be listed in a separate listing from Eye/Vision Care.)
- Orthopedics
- Otolaryngology[/Audiologist]
- Physical Medicine and Rehabilitation
- Physical Therapy
- Rheumatology
- Surgery (must be listed alphabetically by type of surgery)
MCOs may add an index at the end of the directory.

(Back Cover)

MCO may include Additional Health Benefits and Services information here but may not include information about incentives. Marketing statements should not include false or misleading information.

Additional Health Benefits and Services may be promoted:

- If the Additional Health Benefits and Services are offered to all of the MCO’s members who meet the criteria for the program.
- If the Additional Health Benefits and Services are specifically linked to a preventive service or expected health outcome and the link between the two is clearly stated on the marketing materials.
- If the Additional Health Benefits and Services are included in marketing materials beyond those materials given to members.

Below is an example of what might be included on the last page or back cover:

**The Health Plan provides:**

- Welcome calls to all new members
- Prenatal and infant care classes
- A monthly newsletter
- Social services support
- Fitness Program - should describe how the member can get more information.
- Safety Items - should explain how the member can get more information.

Health Plan

<Health Plan contact information, must include toll-free number, TTY, and plan website>
**Dentists**

You can get updated information about providers in this list by *<Insert applicable information including instructions on how to access electronically and how to request a printed copy.>*. You can also get information on specialists that are not listed in this booklet by *<Insert applicable information.>*

### General Dentists

**Minnesota**  
**ANOKA COUNTY**  
**Columbia Heights**

ABC Dentistry  
1234 Main Street  
Columbia Heights, MN 55421  
651-555-5555  
Accepting New Patients: Yes  
ADA Accessible Office: Yes  
ADA Accessible Exam Room: Yes  
ADA Accessible Equipment Yes  
Cultural Competency Training in the past 12 Months: Yes  

*Dr. Karen Johnson, DDS*  
*Dr. John Smith, DDS*

### Pediatric Dentists

**Minnesota**  
**ANOKA COUNTY**  
**Columbia Heights**

ABC Dentistry  
1234 Main Street  
Columbia Heights, MN 55421  
651-555-5555  
Accepting New Patients: Yes  
ADA Accessible Office: Yes  
ADA Accessible Exam Room: Yes  
ADA Accessible Equipment Yes  
Cultural Competency Training in the past 12 Months: Yes  

*Dr. Karen Johnson, DDS*  
*Dr. John Smith, DDS*

### Coon Rapids

**XYZ Dentistry**  
4321 Main Street  
Coon Rapids, MN 55433  
651-555-5555  
Accepting New Patients: Yes  
ADA Accessible Office: Yes  
ADA Accessible Exam Room: Yes  
ADA Accessible Equipment Yes  
Cultural Competency Training in the past 12 Months: Yes  

*Dr. Karen Johnson, DDS*  
*Dr. John Smith, DDS*
**Oral Surgeons**

**Minnesota**

**ANOKA COUNTY**

**Columbia Heights**

ABC Dentistry  
1234 Main Street  
Columbia Heights, MN 55421  
651-555-5555  
Accepting New Patients: Yes  
ADA Accessible Office: Yes  
ADA Accessible Exam Room: Yes  
ADA Accessible Equipment Yes  
Cultural Competency Training in the past 12 Months: Yes

*Dr. Karen Johnson, DDS*  
*Dr. John Smith, DDS*

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**Orthodontists**

**Minnesota**

**ANOKA COUNTY**

**Columbia Heights**

ABC Dentistry  
1234 Main Street  
Columbia Heights, MN 55421  
651-555-5555  
Accepting New Patients: Yes  
ADA Accessible Office: Yes  
ADA Accessible Exam Room: Yes  
ADA Accessible Equipment Yes  
Cultural Competency Training in the past 12 Months: Yes

*Dr. Karen Johnson, DDS*  
*Dr. John Smith, DDS*

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**Coon Rapids**

XYZ Dentistry  
4321 Main Street  
Coon Rapids, MN 55433  
651-555-5555  
Accepting New Patients: Yes  
ADA Accessible Office: Yes  
ADA Accessible Exam Room: Yes  
ADA Accessible Equipment Yes  
Cultural Competency Training in the past 12 Months: Yes

*Dr. Karen Johnson, DDS*  
*Dr. John Smith, DDS*
Mental Health/Inpatient

You can get updated information about providers in this list by <Insert applicable information including instructions on how to access electronically and how to request a printed copy.>. You can also get information on specialists that are not listed in this booklet by <Insert applicable information.>

**Minnesota**

**ANOKA COUNTY**

**Coon Rapids**

**People Incorporated Riverwind Crisis Residential**  
*Psych Residential Treatment Facility*

2708 119th Ave NW  
Coon Rapids, MN 55433  
763-755-3801  
Accepting New Patients: Yes  
ADA Accessible Office: Yes  
ADA Accessible Exam Room: Yes  
ADA Accessible Equipment: Yes  
Cultural Competency Training in the past 12 Months: Yes

**Fridley**

**Community Options Fridley**  
*Psych Residential Treatment Facility*

5384 5th St NE  
Fridley, MN 55421  
763-572-0009  
Accepting New Patients: Yes  
ADA Accessible Office: Yes  
ADA Accessible Exam Room: Yes  
ADA Accessible Equipment: Yes  
Cultural Competency Training in the past 12 Months: Yes
Mental Health/Outpatient

You can get updated information about providers in this list by <Insert applicable information including instructions on how to access electronically and how to request a printed copy.>. You can also get information on specialists that are not listed in this booklet by <Insert applicable information.>

Minnesota
ANOKA COUNTY
Coon Rapids

Fairview Counseling Centers

13819 Hanson Blvd NW
Andover, MN 55304
612-672-6999
Accepting New Patients: Yes
ADA Accessible Office: Yes
ADA Accessible Exam Room: Yes
ADA Accessible Equipment Yes
Cultural Competency Training in the past 12 Months: Yes

Clinical Social Work
Baldwin, Caitlin G, LICSW
Von Ende, Benjamin, LICSW

Areas of Service: Child, Adolescent and Adult

Specialty Areas: abuse assault and trauma, addictions, adjustment disorder treatment, adoption, anger management, anxiety disorder treatment, attention deficit disorder treatment, autism spectrum/aspersers management dis, bipolar disorder treatment, chemical dependency/chemical dependency, child abuse, chronic mental illness, codependency, compulsive gambling, conduct disruptive disorders, critical incident stress debriefing, cultural/ethnic issues, depressive disorder treatment, developmental disabilities management,
Substance Use Disorder

You can get updated information about providers in this list by <Insert applicable information including instructions on how to access electronically and how to request a printed copy.>. You can also get information on specialists that are not listed in this booklet by <Insert applicable information.>

**Minnesota**

**AITKIN COUNTY**

**Aitkin**

**Northern Pines Chemical Health Services Aitkin**
13 3rd St NE
Aitkin, MN 56431
320-632-6647
Accepting New Patients: Yes
ADA Accessible Office: Yes
ADA Accessible Exam Room: Yes
ADA Accessible Equipment Yes
Cultural Competency Training in the past 12 Months: Yes

Type of Services: Comprehensive Assessment, Peer Recovery, Residential Treatment/Inpatient Treatment, Outpatient Treatment, Withdrawal Management, Medication Management, Treatment Coordination, Medication-Assisted Treatment (MAT) friendly facility (Methadone)

**McGregor**

**East Lake Dii Alcohol & Drug Program**
36666 State Highway 65
McGregor, MN 55760
218-768-2431
Accepting New Patients: Yes
ADA Accessible Office: Yes
ADA Accessible Exam Room: Yes
ADA Accessible Equipment Yes
Cultural Competency Training in the past 12 Months: Yes

Type of Services: Comprehensive Assessment, Peer Recovery, Residential Treatment/Inpatient Treatment, Outpatient Treatment, Withdrawal Management, Medication Management, Treatment Coordination, Medication-Assisted Treatment (MAT) friendly facility (Methadone)
<MCO Name>

Minnesota Department of Human Services
P.O.Box 64984
St.Paul, MN 55164-0984

Dear <Contract Manager>,

This attestation is in reference to the <MCO Name> annual Provider Directory and subdirectories submitted on <MM/DD/YYYY> and applies to all provider directories and subdirectories to be submitted in <YYYY>.

As required pursuant to the DHS contract and the Provider Directory Guidelines effective <MM/DD/YYYY>, I, <name w/ title>, attest to the following:

• <MCO Name> affirms that the provider information contained in the annual <Program Name(s)> Provider Directory is accurate as of <MM/DD/YYYY> and that the final printed Provider Directory and any subdirectories will meet the specified Provider Directory model guidelines as required by the Minnesota Department of Human Services. <MCO Name> will continue to review and ensure the information submitted in the <Program Name(s)> Provider Directory and any subdirectories is, to the best of our knowledge, true, complete, and accurate.

• <MCO Name> affirms that the provider and narrative information contained in the Provider Directory and any subdirectories is accurate and does not contain false or misleading statements as of the date of submission to DHS.

• <MCO Name> affirms that we have a process to validate that the information provided is correct, including name, address, phone number, and any other required information as stated in the contract, Managed Care Regulation, and the Provider Directory Guidelines.

• <MCO Name> affirms that we have used appropriate tagging to be read by a screen reader for all symbols used in the Provider Directory and any subdirectories.

Please feel free to contact <name of MCO representative responsible for material> with any questions you may have about any of the information or materials referenced on this page at <email of MCO representative responsible for material> or by telephone at <xxx-xxx-xxxx>.

Thank you,

The attestation must be signed by an officer within the MCO such as a CEO, CFO, or Vice President. The officer can delegate a person within the MCO to sign on their behalf. The letter of delegation must be on file with DHS.

Signature and Date
Title