| **Standard I—Provider Directory Checklist** | | |
| --- | --- | --- |
| **Reference** | **Required Components** | |
| The PIHP makes available in paper form, upon request, and electronic form the following information about its network providers: | | |
| 42 CFR §438.10(h)(1)(i)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(f)(i)  Contract Schedule A–1(M)(2)(b)(ii)(1)(a) | 1. The provider’s name as well as any group affiliation. | Y  N |
| **Evidence as submitted by the PIHP:** |
| 42 CFR §438.10(h)(1)(ii)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(f)(ii)  Contract Schedule A–1(M)(2)(b)(ii)(1)(a) | 1. Street address(es). | Y  N |
| **Evidence as submitted by the PIHP:** |
| 42 CFR §438.10(h)(1)(iii)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(f)(iii)  Contract Schedule A–1(M)(2)(b)(ii)(1)(a) | 1. Telephone number(s). | Y  N |
| **Evidence as submitted by the PIHP:** |
| 42 CFR §438.10(h)(1)(iv)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(f)(iv)  Contract Schedule A–1(M)(2)(b)(ii)(1)(a) | 1. Website Uniform Resource Locater (URL), as appropriate. | Y  N |
| **Evidence as submitted by the PIHP:** |
| 42 CFR §438.10(h)(1)(v)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(f)(v)  Contract Schedule A–1(M)(2)(b)(ii)(1)(a) | 1. Specialty *and services provided*, as appropriate. | Y  N |
| **Evidence as submitted by the PIHP:** |
| 42 CFR §438.10(h)(1)(vi)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(f)(vi) | 1. Whether the provider will accept new members. | Y  N |
| **Evidence as submitted by the PIHP:** |
| 42 CFR §438.10(h)(1)(vii)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(f)(vii-viii)  Contract Schedule A–1(M)(2)(b)(ii)(1)(a) | 1. The provider’s cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider’s office. | Y  N |
| **Evidence as submitted by the PIHP:** |
| 42 CFR §438.10(h)(1)(viii)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(f)(ix)  Contract Schedule A–1(M)(2)(b)(ii)(1)(a) | 1. Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment, including but not limited to, wide entries, wheelchair access, accessible exam tables and rooms, lifts, scales, bathrooms, grab bars, or other equipment. | Y  N |
| **Evidence as submitted by the PIHP:** |
| 42 CFR §438.10(h)(2)  42 CFR §457.1207  Contract Schedule A–1(M)(1)(a) | 1. The provider directory components are included for the following provider types:    1. Physicians, including specialists    2. Hospitals    3. Pharmacies (*not applicable for the PIHPs*)    4. Behavioral health providers    5. Long-term services and supports (LTSS) providers    6. *Medical suppliers*    7. *Ancillary health providers*    8. *Independent facilitators*    9. *Fiscal intermediaries*, as appropriate | Y  N |
| **Evidence as submitted by the PIHP:** |
| Contract Schedule A–1(M)(1)(e) | 1. *Provider directory is organized by county.* | Y  N |
| **Evidence as submitted by the PIHP:** |