

## Medicaid Managed Care Rule Update Frequently Asked Questions

### Key Points

- The Centers for Medicare & Medicaid Services (CMS) established the Medicaid Managed Care Rule and an update to it under 42 CFR, part 438.10(h) that requires managed care organizations (MCOs) like UnitedHealthcare Community Plan to include additional information in our care provider directories:
  - Website URL (if applicable)
  - Disability access for patients
  - Languages spoken in addition to English and use of sign language
  - Indication if a medical interpreter is available to help a member with language translation
  - Culture competency awareness acknowledgment
  - Indication if new patients are being accepted
- The Medicaid Managed Care Rule applies to:
  - Physicians and specialists
  - Hospitals
  - Pharmacies
  - Behavioral health care providers
  - Long-term services and support (LTSS) providers
- The Medicaid Managed Care Rule applies to Medicaid plans.
- It **doesn't** affect Medicare Advantage plans.

### Overview

Since UnitedHealthcare Community Plan administers Medicaid managed care plans on behalf of CMS, we're required to follow the rules that govern them. CMS updated many of the rules governing Medicaid managed care to align with those of other major sources of coverage including coverage through Qualified Health Plans and Medicare Advantage plans. CMS made those changes final in July 2017.

The Medicaid Managed Care Rule also was established to:

- Promote the quality of care
- Strengthen efforts to reform the delivery of care to individuals covered under Medicaid and Children's Health Insurance Plans (CHIP)
- Strengthens beneficiary protections
- Enhances policies related to program integrity

### Update to the Rule

The Medicaid Managed Care Rule now requires that we include specific information in our provider directories about:

- Web URL, if applicable
- Open access for members with disabilities
- Languages spoken in addition to English
- Indication if a practice has a medical interpreter available to help a member with language translation

- Whether physicians have completed cultural competency training
- Indication if you are accepting new patients

We've created this frequently asked questions document to help answer questions you may have about the Medicaid Managed Care Rule and what you'll need to do.

## **Frequently Asked Questions and Answers**

### **Medicaid Managed Care Rule: The Details**

#### **Q1. What is the CMS Medicaid Managed Care Rule?**

- A. CMS issued updates to the Medicaid Managed Care Rule, which were finalized in July 2017. All MCOs are required to follow the Rule for administering Medicaid managed care plans. CMS updated many of the rules governing Medicaid managed care to align with those of other major sources of coverage including coverage through Qualified Health Plans and Medicare Advantage plans. The Rule also:
- Promotes the quality of care
  - Strengthens efforts to reform the delivery of care to individuals covered under Medicaid and Children's Health Insurance Plans (CHIP)
  - Strengthens beneficiary protections
  - Enhances policies related to program integrity

#### **Q2. What do I need to know about the updates to the Medicaid Managed Care Rule?**

- A. CMS updated its Medicaid Managed Care Rule to require that the following information be listed in an paper and online provider directories that members use:
- Website URL (if applicable)
  - Disability access for patients
  - Languages spoken in addition to English and use of sign language
  - Indication if a medical interpreter is available to help a member with language translation
  - Cultural competency awareness acknowledgment
  - Indication if new patients are being accepted

#### **Q3. How does providing the additional information affect me?**

- A. Since you participate in our network and provide services to UnitedHealthcare Community Plan members, keeping our directory updated with information about you is required under the Medicaid Managed Care Rule. We also want to be sure our members have accurate information about our network care providers when they use our directory.

#### **Q4. How is UnitedHealthcare Community Plan collecting the new information required under the Medicaid Managed Care Rule?**

- A. We'll reach out to you by email, phone or fax to update the information we need to comply with the Medicaid Managed Care Rule.

#### **Q5. What types of care providers are affected by the update to the Medicaid Managed Care Rule?**

- A. The following types of care providers are required to have their information updated:
- Physicians and specialists
  - Hospitals
  - Pharmacies
  - Behavioral health care providers
  - LTSS providers

**Q6. Are there types of providers that are excluded from the requirements of the Medicaid Managed Care Rule?**

A. Yes. Vendors that offer transportation services are excluded from the requirements of the rule.

**Q7. How will UnitedHealthcare Community Plan educate care providers about the requirements for the Medicaid Managed Care Rule?**

A. The specific ways to educate care providers about the Rule may vary state to state. We'll have information available through:

- Our Provider Advocates
- Presentations at town hall events
- Online at [UHCCCommunityPlan.com](http://UHCCCommunityPlan.com) > Health Care Professionals > Select Your State > Provider Information

**Access for Members with Disabilities**

**Q8. Why are you asking for information from me about disability access?**

A. UnitedHealthcare Community Plan and our care providers need to comply with the Americans with Disabilities Act (ADA). This includes ensuring safe and appropriate physical access to buildings, services and equipment for members with disabilities, such as:

- Open access to building and parking
- Accessible equipment such as exam tables, weight scales and diagnostic equipment
- Individual assistance with the examination process
- Accommodations for the member's family, friends or attendants to assist
- Creation of signage that follows ADA guidelines

**Language Services Requirement**

**Q9. What is the language services requirement of the Medicaid Managed Care Rule?**

A. You're required to disclose any languages you speak in addition to English. You also need to indicate:

- If you have a medical interpreter available for members .
- Language assistance services including interpreters or translators for members who are deaf, hard of hearing, or do not speak English.
- Support may be provided through:
  - American Sign Language
  - Accessing community resources for interpreters or translators
  - Providing accommodations for family or friends who accompany members to appointments
  - Allowing for written communications and materials for information after the appointment
  - Considering cultural and social differences of the member

**Cultural Competency**

**Q10. Why is cultural competency a requirement of the Medicaid Managed Care Rule and how does it help members?**

A. Cultural competency is a set of behaviors, and attitudes that enable positive interactions in cross-cultural situations.

- **Culture** refers to patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups.

### **Cultural Competency cont.**

- **Competence** is the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors and needs presented by people and their communities.

Health care services that are respectful of and responsive to the beliefs, practices, and cultural and linguistic needs of patients can help improve health outcomes. Culture and language may influence health, healing, and wellness beliefs including perception of illness, disease, and their causes.

### **Q11. What are UnitedHealthcare Community Plan's requirements for cultural competency?**

- A. We require our participating care providers to treat UnitedHealthcare Community Plan members the same way they'd treat any other benefit plan members. That includes no discrimination in the treatment of or quality of services provided to UnitedHealthcare Community Plan members. Providers who render care must be willing and able to:
- Make distinctions between treatment methods consistent with the member's cultural background.
  - Maintain consistency in providing quality care across a variety of cultures

### **Q12. Where can I go to learn more about cultural competency?**

- A. If you need information about cultural competency, please visit UHCCommunityPlan.com or the Health and Human Services websites listed below:
- UHCCommunityPlan.com > For Health Care Professionals > Select Your State > Cultural Competency Library
- OR
- <https://cccm.thinkculturalhealth.hhs.gov>

### **Questions? We're here to help.**

If you have additional questions, please contact Provider Services at 877-842-3210.