NOTE: These proposed regulations will replace the existing 482 NAC 3 in their entirety.

3-000 Enrollment Broker

3-001 Enrollment Broker: The Enrollment Broker (EB) is a contracted entity that performs choice counseling and enrollment activities for managed care clients. The EB also assists in the coordination of support services throughout the provider network.

3-002 Enrollment Materials: The EB must distribute enrollment information and marketing materials to managed care clients and potential clients. The EB must ensure that materials are developed in coordination with the medical/surgical plans, approved by the Department, and meet the following guidelines:

1. Written materials use easily understood language and format;
2. Written materials are available in the prevalent non-English languages, as specified by the Department;
3. Written materials are available in alternative formats that take into consideration the special needs of clients;
4. Materials on all NHC service components are distributed equitably and without bias to any particular medical/surgical plan;
5. All enrollment notices, information, and instructional materials are available upon request;
6. Materials clearly state information about NHC, ensure the client has adequate information to make an informed selection, and include the information listed in 482 NAC 3-005;
7. Materials are reviewed and approved by the Department

3-003 Development and Revision of Materials: The EB must ensure that the development of all materials included an external advisory review and that the external advisory group included clients and/or client advocates. The EB must update information as changes occur or as areas of concern/information are identified by the Department, medical/surgical plans, or clients.

3-004 Confidentiality: The EB must maintain the confidentiality of client-specific information. The EB must not publish or otherwise release client information without the prior written approval of the Department.

(See 482-000-17, Departmental Review Procedures.)

3-005 Enrollment Activities and Choice Counseling: The EB must complete the following enrollment and choice counseling activities for mandatory and potential mandatory clients in coordination with the medical/surgical plans and the Department:

1. Educate clients concerning Medicaid managed care including:
   a. A general explanation of the managed care program;
   b. Mandatory and excluded groups of clients; and
   c. The role of the plans in coordinating care.
2. Provide information specific to each plan available in the service area, including:
   a. Covered benefits;
   b. Cost sharing, if any;
   c. Service area;

d. Names, locations telephone numbers of, and non-English languages spoken by current contracted providers;
e. Identification of providers not accepting new patients; and
f. For Medicaid benefits not covered under the managed care program, the EB must provide information about how and where to obtain services, any cost sharing, and how transportation is provided;

3. Provide an explanation of those services which do not require PCP or medical/surgical plan approval or prior authorization, e.g., family planning and emergency services;
4. Provide an explanation of the availability of interpreter services and alternative formats for written materials;
5. Provide an explanation of auto-assignment;
6. Provide an explanation of disenrollment and waiver of enrollment;
7. Provide the client with enrollment materials that are easily understood by the client, and developed in ways appropriate to meet the needs of the client;
8. Assist the client in choosing a PCP and/or medical/surgical plan based on a process, approved by the Department, that protects the client's right to choose and that is equitable and without bias to any particular medical/surgical plan, that identifies any existing relationships with health care practitioners, and that emphasizes the importance of prompt selection of a PCP and medical/surgical plan. The client is free to choose a PCP and medical/surgical plan from all available options, however, the EB must screen for the following and similar information:
   a. Geographical location of the client, his/her legal representative, significant family member(s), foster parent, child welfare worker, etc.
   b. Access, e.g., transportation issues;
   c. Medical need/provider specialty based on information provided by the client;
   d. Established utilization patterns based on information provided by the client;
   e. Family groupings;
   f. Current medical relationships, e.g., the client has received services from an enrolled PCP;
   g. Number of physicians in the geographical areas;
   h. Number of available slots per PCP; and
   i. Unique features about the PCP, e.g., skilled in foreign/sign language, preferences by a client's particular culture or religious beliefs, etc.
9. Enter the PCP and medical/surgical plan selection in the Managed Care File (see 482-000-5).

<u>3-006 Lock-In Procedures</u>: Lock-in is a method used by the Department to limit the medical services of a client who has been determined to be abusing or over-utilizing services provided by the Department without infringing on the client's choice of providers.

A lock-in client completes standard enrollment activities for the managed care program. Enrollment may change the client's previous lock-in categories of pharmacy, primary care physician, and hospital, or identify through the EB that a new lock-in status for the client is recommended. The EB completes the necessary information pertaining to a client's lock-in status at the time of enrollment.

A lock-in client may transfer (disenroll) from one PCP and medical/surgical plan to another as defined in 482 NAC 2-003.
(See 482-000-20, Lock-in Procedure Guide.)