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NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

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TITLE 482 NEBRASKA MEDICAID MANAGED CARE

CHAPTER 3 ENROLLMENT BROKER

001. SCOPE AND AUTHORITY. These regulations govern the services provided under Nebraska's Medicaid program as defined by Neb. Rev. Stat. §§ 68-901 et. Seq. the Medical Assistance Act.

002. DEFINITIONS. The following definitions apply:

002.01 ENROLLMENT BROKER. The enrollment broker is a contracted entity that performs unbiased choice counseling and enrollment activities for health plan members.

003. ENROLLMENT MATERIALS. The enrollment broker must distribute enrollment information and marketing materials to managed care members and potential members. The enrollment broker must develop the materials in coordination with the health plans, with Medicaid's approval, and meet the following guidelines:

- (A) Written materials use easily understood language and format;
- (B) Written materials are available in the prevalent non-English languages, as specified by Medicaid;
- (C) Written materials are available in alternative formats that take into consideration the special needs of members;
- (D) Materials on all Heritage Health service components are distributed equitably and without bias to any particular health plan;
- (E) All enrollment notices, information, and instructional materials are available upon request;
- (F) Materials clearly state information about Heritage Health, ensure the member has adequate information to make an informed selection; and
- (G) Materials are reviewed and approved by Medicaid.

004. MEMBER WEBSITE. The enrollment broker website must include general and up-to date information about Heritage Health, the enrollment broker, and health plans. The enrollment broker website will remain compliant with applicable privacy and security requirements, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), when providing member eligibility or identification information on its website. The enrollment broker website must include the following:

- (A) Current version of the enrollment broker outreach packet, notice of anniversary letter, provider directory, health plan matrix, and all other mailings provided by the enrollment broker;
- (B) Telephone contact information for the enrollment broker;

- (C) Real time, searchable provider directory for each health plan; to include open and closed panels;
- (D) Links to health plan websites and toll-free numbers;
- (E) A link to the Medicaid eligibility website;
- (F) Information on how to select a health plan and primary care provider, report family and demographic changes, and file grievances and appeals; and
- (G) Secure online portal to facilitate member health plan enrollment and primary care provider selection.

005. ENROLLMENT ACTIVITIES AND CHOICE COUNSELING. The enrollment broker must complete the following enrollment and choice counseling activities for mandatory and potential mandatory members in coordination with the health plans and Medicaid:

- (A) Educate members concerning Heritage Health including:
  - (i) A general explanation of Heritage Health;
  - (ii) Mandatory and excluded members; and
  - (iii) The role of the health plans in coordinating care.
- (B) Provide information specific to each health plan available in the State, including:
  - (i) Covered benefits;
  - (ii) Cost sharing, if any;
  - (iii) Names, locations telephone numbers of, and non-English languages spoken by current contracted providers;
  - (iv) Identification of providers not accepting new patients; and
  - (v) For Medicaid benefits not covered under Heritage Health, the enrollment broker must provide information about how and where to obtain services, any cost sharing, and how transportation is provided;
- (C) Provide an explanation of those services which do not require primary care provider or health plan approval or prior authorization;
- (D) Provide an explanation of the availability of interpreter services and alternative formats for written materials;
- (E) Provide an explanation of passive enrollment;
- (F) Provide an explanation of disenrollment and waiver of enrollment;
- (G) Provide the member with enrollment materials that are easily understood by the member, and developed in ways appropriate to meet the needs of the member; and
- (H) Enter the health plan and primary care provider (PCP) selection in the Heritage Health file.