



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



Nevada Medicaid – Recipient General and Managed Care Organization (MCO) FAQ's Updated 10/18/2021

1. Q. What is managed care and how does it work?

A. Medicaid Managed Care is a program in which recipients of Medicaid and Nevada Check Up receive their medical care from a managed care health plan. When you are enrolled in a managed care health plan, you choose a doctor to be your primary care physician. This doctor will then refer you to other doctors and specialists as you need them. When you're enrolled in a managed care health plan, generally, you must receive all medical care from providers within the managed care network.

Beginning January 1, 2022, Nevada will offer **four (4)** MCOs to eligible Medicaid and Nevada Check Up recipients in the coverage areas of urban Washoe and urban Clark County:

<p>Molina Healthcare of Nevada (833) 685-2109 <i>(to be activated 10/27/21)</i> https://www.meetmolina.com/nv-medicaid</p> 	<p>SilverSummit Healthplan (844) 366-2880 www.silversummithealthplan.com</p> 
<p>Health Plan of Nevada (800) 962-8074 www.myhpnmedicaid.com</p>  <p>HEALTH PLAN OF NEVADA A UnitedHealthcare Company</p>	<p>Anthem Blue Cross and Blue Shield Healthcare Solutions (844) 396-2329 https://mss.anthem.com/nevada-medicaid/home.html</p> 

2. Q. What is Open Enrollment?

A. Once a year, Open Enrollment allows you to change your MCO without having to show good cause. Heads of Household (HOH) will receive a letter letting them know Open Enrollment has begun, including instructions on how to change MCOs. If recipients wish to switch to another MCO they may send the signed letter which includes HOH name and Medicaid ID to the address listed below.

**Nevada Medicaid
Attn: MCO Changes
P.O. Box 30042
Reno NV 89520**

You may contact the Medicaid District Offices with questions at:
Southern Nevada: (702) 668-4200
Northern Nevada: (775) 687-1900

3. Q. When does Open Enrollment happen?

A. Open enrollment will occur each year from October 1st through October 31st to be effective the following January 1.

4. Q. Why am I enrolled in managed care?

A. If you are eligible for Nevada Medicaid or Nevada Check Up and you live in urban Washoe County or urban Clark County, managed care enrollment is mandatory unless you are under the special Medicaid category of aged, blind, or disabled. At the time that you apply for Medicaid, you are requested to choose an MCO. If you do not choose an MCO, you will be automatically assigned to one and you will have 90 days to switch to another MCO if you are not happy with your current MCO. You may complete the Managed Care Organization Change Form available on the DHCFP website <http://dhcfp.nv.gov/Members/BLU/MCOMain/> and submit the form to **Nevada Medicaid Attn: MCO Changes P.O. Box 30042 Reno NV, 89520.**

5. Q. What benefits are offered through managed care?

A. As a recipient of managed care, you are eligible for all Medicaid State Plan services. Additionally, MCOs may offer **Value-Added Services** to their members. Some services require a prior authorization (PA). For a complete list of services, contact your MCO directly or review the MCO Value-Added Services (VAS) Comparison Chart located at: <http://dhcfp.nv.gov/Members/BLU/MCOMain/>

6. Q. How do I know which providers are in my MCO network?

A. Please contact your current MCO for a complete list of providers at the numbers listed above.

7. Q. How do I file a complaint with my MCO?

A. Contact your MCO directly for instructions on how to file a grievance or complaint. This information is also available in the member handbook sent to you by the MCO at the time of enrollment.

8. Q. What happens if I move out of an MCO service area?

A. Whenever you move, you **must** notify Division of Welfare and Supportive Services (DWSS) of your address change within ten (10) days. If you moved to an area that is not covered by an MCO, you will be automatically disenrolled from your MCO and moved to the FFS program the following month. Until your address change request has been processed by DWSS and while you are waiting to be disenrolled from managed care, your MCO has policies in place to ensure you have access to your Medicaid benefits. They can assist you if you need to see a physician or fill a prescription. Contact your MCO for any assistance you need, and be sure to report address changes within ten (10) days to the DWSS District Offices at:

[Welfare District Offices-South \(nv.gov\)](http://www.nv.gov)

[Welfare District Offices-North \(nv.gov\)](http://www.nv.gov)

9. Q. Who should I contact if I have not received or lost my Medicaid Card and Managed Care Organization Card?

- A. Contact DWSS with questions about your Medicaid card and if you have not received or have question about your MCO Card contact your MCO. The numbers for Medicaid and your MCO are listed above.

Managed Care Organization	Print from portal or website	Contact Member Services through website	Call Member Services and verify eligibility	View and Print on App
Molina	X	X	X	X
Silver Summit	X	X	X	X
Health Plan of Nevada	X	X	X	
Anthem	X		X	X

10. Q. Do the MCOs offer transportation for my medical appointments? If so, who do I call?

- A. The MCOs do not provide transportation, but Nevada Medicaid provides eligible Medicaid recipients with non-emergency transportation to covered services that are medically necessary. Nevada Check Up recipients are not covered for non-emergency transportation services. The transportation broker with Nevada Medicaid is MTM.

Medicaid recipients must call MTM to request rides to a covered, medically necessary services or to request mileage reimbursement if a personal vehicle is used.

Contact MTM on their website at <http://www.mtm-inc.net/nevada/members/> or by phone at (844)879-7341.

11. Q. What is a “good cause” to change my MCO?

- A. Recipients may request to switch MCOs for “good cause” at any time. Recipients must contact their current MCO directly to request disenrollment.

“Good Cause” includes:

- The plan does not, because of moral or religious objections, cover requested service(s),
- Lack of access to care as defined by Nevada Medicaid,
- Lack of access to providers dealing with a recipient’s special healthcare needs, including but not limited to poor quality of care.

12. Q. How do I stay informed about what is going on in Nevada Medicaid?

- A. To subscribe to the Medicaid Member News ListServ, please visit DHCfp.nv.gov and click “Get Medicaid News” under the Featured Links.