



January 6, 2022 (Updated January 20, 2022)

Web Announcement 2676

URGENT: To Ensure Continuity of Care, Providers Should Not Cancel Services or Request Out of Pocket Payment from Recipients Who Were Assigned a New MCO as of January 1, 2022

Effective January 1, 2022, Nevada Medicaid recipient membership was distributed across the four Managed Care Organizations (MCOs). The Division of Health Care Financing and Policy (DHCFP) worked collaboratively with the four MCOs to implement a transition plan to ensure continuity of care and minor disruption for recipients.

All four MCOs will reimburse out-of-network providers during the initial transition period of January 1, 2022, through March 31, 2022, under single-case agreements to ensure recipients receive the appropriate medically necessary care. MCOs have shared prior authorization information on their members that were transitioned. MCOs are expected to honor prior authorizations and referrals through the transition period.

Providers should not turn recipients away or cancel scheduled services. Please contact the recipient's newly assigned MCO to coordinate continuity of care. For additional information, please visit:

<https://dhcfp.nv.gov/Members/BLU/MCOMain/>

Anthem Blue Cross and Blue Shield Nevada Medicaid

<https://mss.anthem.com/nevada-medicaid/home.html>

- Member Services (844) 396-2329
- Provider Services (844) 396-2330

Health Plan of Nevada (HPN)

<https://myhpnmedicaid.com/Provider>

- Member Services (800) 962-8074
- Provider Services (800) 745-7065

Molina HealthCare of Nevada

<https://www.welcometomolina.com/NV>

- Member Services (833) 685-2102
- Nevada Provider Line (833) 685-2103

SilverSummit Healthplan

<https://www.silversummithealthplan.com/>

- Member and Provider Services (844) 366-2880