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Web Announcement 272

Managed Care Organization (MCO) Changes: 12-Month Recipient Lock-In Policy Begins Oct. 1, 2009

The Division of Health Care Financing and Policy (DHCFP) is pleased to announce that beginning Oct. 1, 2009, it will institute a recipient lock-in requirement for managed care. This is a change from the current policy of allowing recipients to switch plans at any time and for any, or no, reason. The lock-in will require managed care recipients to remain enrolled in their Managed Care Organization (MCO) for 12 months unless they can prove good cause for switching from one plan to the other.

During the initial enrollment of a new Medicaid TANF/CHAP or Nevada Check Up recipient, they will have 90 days to change plans with or without cause. Recipients will also be allowed to change plans once per year, for any reason, during a common open enrollment period. All recipients will have 60 days notice of the open enrollment period during which period they may choose to change their health plan.

Recipients wishing to change their health plan outside of the open enrollment period must notify their MCO in writing and show good cause for the change. The MCO will evaluate the cause and make the determination to allow or deny the disenrollment.

Recipients have appeal rights if their requests to change health plans are denied. **A recipient may always change plans for good cause.**

Providers who have any other questions about the new lock-in policy may call the DHCFP Business Lines Unit at (775) 684-3692.

What if recipients have questions about the MCO's benefit plan or the lock-in policy?

Call the MCO's member services phone number at:

Health Plan of Nevada: 1-800-962-8074

Or

AMERIGROUP Community Care: 1-800-600-4441