NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY

Nevada Medicaid - Recipient's General and MCO FAQs

1. **Q. What is managed care and how does it work?**
   A. Managed care is a health care services delivery model. A managed care organization (MCO) arranges for a medical service provider to provide health care services to individuals enrolled in their organization.

   Beginning July 1, 2017, 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:

Aetna Better Health of Nevada (866) 815- 3732 www.aetnabetterhealth.com/nevada	Amerigroup Community Care (800) 600-4441 www.myamerigroup.com/nv/Pages/welcome.aspx
Health Plan of Nevada (800) 962-8074 www.myhpnmedicaid.com	SilverSummit Healthplan (844) 366-2880 www.silversummithealthplan.com

2. **Q. What is Open Enrollment?**
   A. Once a year, Open Enrollment allows you to change your MCO without having to show good cause. You can switch your MCO by sending a signed letter which includes your name and Medicaid ID/Social Security Number, the names of your household and their dates of birth, and your MCO choice to:

   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 occurs each year from April 1st through June 30th.

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. Your eligibility category is determined by the Division of Welfare and Supportive Services (DWSS) as part of your Medicaid application process.

   The following recipients are enrolled into managed care but, by federal regulation, may request to be disenrolled from managed care:
   1. American Indians / Alaskan Natives can do this through their Tribal Clinics
   2. Children determined to be Severely Emotionally Disturbed (SED) and some adults determined Seriously Mentally Ill (SMI). The determination must be done through your MCO's behavioral health provides. ***Restrictions apply.***
   3. Children with Special Health Care Needs: "Children under the age of 19 years who are receiving services through a family centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V, and is defined by the state in terms of either program participation or special health care needs (also known as Children with Special Health Care Needs – CSHCN)". Opting out is done through Nevada Early Intervention Services.

5. **Q. Why are some members of my household enrolled in Fee for Service (FFS)?**

   A. Usually all family members who are required to be in managed care must be enrolled in the same MCO. Sometimes a household can have family members who have been approved by DWSS to be in FFS because they are in eligibility categories that are exempt from managed care.

6. **Q. What benefits are offered through managed care?**

   A. As a recipient of managed care, you are eligible for all Medicaid services that are defined in the Nevada Medicaid State Plan. For benefit details, please see the Medicaid Fact Book at: http://dhcfp.nv.gov/About/Home/. MCOs may also offer value added services to their members, and some services require a prior authorization. For a complete list of services, contact your MCO directly or review the MCO Comparison Charts located at: http://dhcfp.nv.gov/CheMembers/BLU/MCOMain/

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

   A. Please contact your current MCO for a complete list of providers.

8. **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 at the time of enrollment.

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

A. Whenever you move, you ***must*** notify 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. Until your address change 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 DWSS District Offices at:

- Northern Nevada 775-684-7200
- Southern Nevada 702-486-1646

10. Q. Who should I contact if I have not received my Medicaid Card?

A. Contact DWSS at the numbers listed above with questions about your Medicaid card.

11. 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 1-844-879-7341.

12. Q. How do I get a replacement card for my MCO?

A. Please see chart below for various ways to request an ID card:

MCO	Print from portal or website	Contact Member Services through website	Call Member Services and verify eligibility	View and Print on App
Silver Summit	X		X	
Aetna	X		X	X
HPN	X	X	X	
Amerigroup	X		X	X

13. Q. What is a "good cause" to change my MCO?

A. Members may request to switch MCOs for "good cause" at any time. Members must contact their current MCO directly to request disenrollment.

"Good Cause" includes:

- The member moves out of the geographic service area,
- The plan does not, because of moral or religious objections, cover requested service(s),
- Lack of access to care as defined by DHCFP,
- Lack of access to providers dealing with a recipient's special healthcare needs, including but not limited to poor quality of care.