NEVADA MANAGED CARE ORGANIZATIONS
FREQUENTLY ASKED QUESTIONS

Q) What is a Managed Care Organization (MCO) and how does it work?

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) Managed Care Organizations 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

Q) What is Open Enrollment?

Open Enrollment is the process which allows eligible Nevada Medicaid and Nevada Check Up recipients to choose their MCO once per year without having to show good cause for changing MCOs.

Recipients can select to switch their MCO by sending a signed letter which includes the name and Medicaid number for the head of household to:

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

Recipients can contact the Medicaid District Offices with questions at:

- Southern Nevada: 702-668-4200
- Northern Nevada: 775-687-1900

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Q) What is an Open Enrollment period?

From **April 1st through June 30th**, eligible recipients can choose between the two (2) current MCOs. If no selection is made during Open Enrollment, the recipient will remain with their current MCO. As **of July 1**, all enrolled recipients will have a choice between four (4) MCOs.

Q) Why am I enrolled in managed care?

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.

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

A household can have family members who have been approved by the Division of Welfare and Supportive Services (DWSS) with different eligibility categories.

Q) What benefits are offered through managed care?

As a recipient of managed care, you are eligible for all Medicaid State Plan benefits. Additionally, MCOs may offer value added benefits to their members. For a complete list of benefits, contact your MCO directly or review the MCO Comparison Charts located on the DHCFP webpage.

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

You are encouraged to contact your current MCO for a complete list of network providers.

Q) How do I file a complaint with my MCO?

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.

Q) What happens if I move out of the mandatory service areas of urban Washoe County or urban Clark County?

If you move out of the service area, you must notify the DWSS of your address change within ten (10) days. To report an address change to DWSS, use the contact information below:

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

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

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

Q) What are the dates and rules for changing my MCO, and can I change after the Open Enrollment deadline?

Dates:

Open Enrollment – April 1st through June 30th

Rules:

If you were enrolled in an MCO before 4/1/17:

- You may change your MCO by submitting a change request form during the Open Enrollment period.
- You will receive a final notification of which plan you will be in as of July 1st, you can change your MCO selection between 07/01/17 – 09/30/17 by mailing a change request in to:

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

If you were enrolled in an MCO after 4/1/17:

- You may choose from either of the two (2) existing MCOs for your coverage through 6/30/17.
- You may choose from any of the four (4) MCOs for your coverage starting 7/1/17.
- You will have 90 days from your date of enrollment to change your MCO.

Q) What is a "good cause" request for disenrollment?

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,

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