



Nevada Medicaid – Provider’s General and MCO FAQs

1. Q. What Managed Care Organizations (MCO) will be covering Nevada Medicaid Recipients?

A. Nevada will offer three (3) MCOs to eligible Medicaid and Nevada Check Up recipients in the coverage areas of urban Washoe and urban Clark counties:

<p>Amerigroup Community Care (800) 600-4441 www.myamerigroup.com/nv/Pages/welcome.aspx</p>	<p>Health Plan of Nevada (800) 962-8074 www.myhpnmedicaid.com</p>
<p>SilverSummit Healthplan (844) 366-2880 www.silversummithealthplan.com</p>	

2. Q. When do the new MCOs start covering services?

A. Coverage under the new MCOs starts July 1, 2017.

3. Q. How do providers verify recipient Medicaid eligibility and managed care enrollment?

A. Providers enrolled in the Nevada MMIS system can view recipient Medicaid eligibility and managed care enrollment information via the [Nevada Medicaid Provider Portal](#) under the [EVS](#) tab.

4. Q. Who should I contact if I have any questions?

A. Please contact Nevada Medicaid at <https://www.medicaid.nv.gov/contactinfo.aspx>.

5. Q. Where can I direct my patients to get information and answers to their dental and MCO questions?

A. Recipient information and FAQs are available on the Division of Health Care Financing and Policy (DHCFP) website at <http://dhcftp.nv.gov/Members/BLU/MCOMain/>.

6. Q. How do I enroll as a managed care provider?

A. To enroll as a managed care provider, you must first be enrolled and approved as a Nevada Medicaid Provider.

- **To enroll as a Nevada Medicaid Provider**, please visit the Online Provider Enrollment Portal located here: <https://www.medicaid.nv.gov/providers/enroll.aspx>



- **Once Nevada Medicaid enrollment is complete, contact the managed care plan below.** *Please note: As of July 1, 2017, online registration is not available.*
 - **Amerigroup Community Care** – Send a Letter of Intent via email to nv1provsvcs@amerigroup.com or call 702-228-1308 ext. 59757
 - **Health Plan of Nevada** – Provider Relations – 800-962-8074
 - **SilverSummit Healthplan** – Provider Relations - 844-966-2880 option 2

7. Q. Do the MCOs offer dental services?

A. Beginning January 1, 2018, dental services for all Medicaid recipients enrolled in an MCO will be provided by LIBERTY Dental Plan of Nevada, INC. (LIBERTY). For more information on Dental services, go to LIBERTY's website at <https://www.libertydentalplan.com/NV/Medicaid> or see the Dental Provider FAQs at <http://dhcfp.nv.gov/Pgms/CPT/Dental/>.

8. Q. What is the policy for medical Prior Authorizations?

A. The policy for medical PAs is as follows:

- **PA Requirements for Outpatient and Inpatient Services**

For recipients transitioning between managed care plans or from FFS to managed care, all existing outpatient PAs issued by the previous managed care plan or FFS will be honored by the new managed care plan for 30 days or until recipient can be assessed and treatment plan revised.

Inpatient treatments or procedures that have been authorized as medically necessary must be honored. These services are subject to ongoing utilization management services.

- **PA Requirements for Maintenance Medications used to treat non-behavioral health conditions:**

To minimize disruptions for recipients taking maintenance medications¹, MCOs must extend coverage to match all pharmacy PAs issued by the previous managed care plan or FFS for no less than two refills (30-day supply for each refill) or until the recipient can be assessed by a qualified prescribing provider and treatment plan revised.

¹A maintenance medication is defined as any medication with a maintenance indicator published in the MCO's pharmacy file from First DataBank, Medispan, or other nationally recognized drug file.

- **PA Requirements for medications used to treat behavioral health conditions:**

For recipients receiving psychotropic, antidepressants, behavioral health maintenance medications, and covered outpatient drugs used for opiate addiction, a 90-day PA will be honored to cover current medication(s) or until the recipient can be assessed by a qualified prescribing provider and treatment plan revised.



9. Q. How will providers submit PAs for medical services?

A. Contact the recipient’s MCO.

<p>Amerigroup Community Care (800) 600-4441 www.myamerigroup.com/nv/Pages/welcome.aspx</p>	<p>Health Plan of Nevada (800) 962-8074 www.myhpnmedicaid.com</p>
<p>SilverSummit Healthplan (844) 366-2880 www.silversummithealthplan.com</p>	

10. Q. Do providers have to accept FFS recipients if the provider is enrolled with Nevada Medicaid?

A. No, providers do not have to accept FFS recipients if they are enrolled with Nevada Medicaid.

11. Q. If I have problems getting paid for services, who do I contact?

A. Providers are encouraged to resolve the issue with the MCO through their grievance and appeal processes. If a resolution cannot be found, a state Fair Hearing may be requested to resolve the issue. Questions and concerns can also be directed the DHCFP Managed Care & Quality Unit at [775-684-3687](tel:775-684-3687).

12. Q. What do I do if I do not agree with the rates that are paid?

A. Rates are based on your contractual provider agreement with the MCO, Nevada Medicaid does not set rates for the MCOs.