

Nevada Medicaid and Nevada Check Up – Managed Care Organization (MCO) Change Form

If you would like to request a change to your MCO, please complete the following information and return this form to the address listed below. **All fields are required in order to process this request.** Contact your local **Medicaid District Office** at the numbers below if you need help determining if you are eligible to switch your MCO. Please be aware of any deadlines associated with your initial 90-day switch period or the Annual Open Enrollment period. Requests received outside of your switch period, or the Annual Open Enrollment period may not be processed.

- The 90-day switch period, or the time in which recipients can change their plan begins with the effective date of their enrollment in the plan.
- Once a year, recipients will have a chance to change plans during Open Enrollment. Recipients will receive a reminder letter prior to this time.
- If you have moved, please update your address with the Division of Welfare and Supportive Services (DWSS) by visiting the following link <https://accessnevada.dwss.nv.gov/public/landing-page> or by calling the local Welfare office, **for Southern Nevada: (702) 486-1646 or Northern Nevada: (775) 684-7200 or Toll Free: (800)-992-0900 or TTY 7-1-1.** You may also submit an address change at the following link <https://dhcfp.nv.gov/UpdateMyaddress/>.

Household information: (please print clearly and attach additional pages if needed).

Medicaid ID#'s can be found on the Medicaid ID card and are 11-digit numeric numbers no alpha characters).

Head of Household (HOH) Name:

Head of Household (HOH) Medicaid ID:

Home address:

City:

State:

Zip Code

Names of household members

Name: Medicaid ID:

Name: Medicaid ID:

Name: Medicaid ID:

Name: Medicaid ID:

MCO Choice: (please only check one) Check with your doctor to be sure they work with the MCO you want to choose.

☐ **Anthem Blue Cross and Blue Shield Healthcare Solutions (844) 396-2329**

☐ **Health Plan of Nevada (800) 962-8074**

☐ **Molina Healthcare of Nevada (833) 685-2109**

☐ **SilverSummit Healthplan (844) 366-2880**

If the form is being used for Open Enrollment, it only needs to be returned if the member wishes to change their current MCO. Duplicate requests are not required. If you have already submitted a request to change enrollment to a specific MCO it is not necessary to submit another form unless you are making a change to a prior request sent in.

Recipients wishing to change their MCO plan outside of the annual open enrollment period may contact the Division of Health Care Financing and Policy (DHCFP) or their current MCO orally or in writing for permission to disenroll and show good cause. DHCFP will evaluate the cause and make a determination to allow or deny the switch. If your request is denied, you have the right to a State Fair Hearing.

Nevada Medicaid and Nevada Check Up District Office Northern Nevada: (775) 687-1900 Southern Nevada: (702) 668-4200 or TTY 7-1-1.

Please mail the completed form to:

Nevada Medicaid Attn: MCO Changes PO Box 30042 Reno, NV, 89520

You may also submit the completed form via-email by clicking "**Submit.**" After clicking "**SUBMIT,**" check the Default email application (Microsoft Outlook) circle in the Send Email box that displays, then click Continue and it will direct you to an email to send the form.

SUBMIT