

Nevada Medicaid – Managed Care Organization(MCO) Change Form

Please provide the following information in your request to change your Managed Care Organization (MCO):

Name: _____

Medicaid ID (Head of Household): _____

MCO Choice:

- ☐ **Aetna Better Health of Nevada**
- ☐ **Amerigroup Community Care**
- ☐ **Health Plan of Nevada**
- ☐ **SilverSummit Healthplan**

Signature: _____ **Date:** _____

Mail your request to:

Nevada Medicaid; Attn: MCO Changes

P.O. Box 30042

Reno, NV, 89520

If you have any questions regarding Nevada Medicaid please contact your local district office at the following:

Northern Nevada (775) 687-1900

Southern Nevada (702) 668-4200