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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



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Nevada Medicaid – Provider General and Managed Care Organization (MCO) FAQ's Updated 8/8/2022

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

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

A. As of January 1, 2022, Nevada, offers four (4) MCOs to eligible Medicaid and Nevada Check Up members in the coverage areas of urban Washoe and urban Clark counties:

Anthem Blue Cross and Blue Shield Healthcare Solutions

(844) 396-2329 <https://mss.anthem.com/nevada-medicaid/home.html>

Value-added Benefits – <https://www.chooseanthem.com/nv#benefits>

Health Plan of Nevada

(800) 962-8074; <https://www.myhpnmedicaid.com/>

Value-added Benefits – <https://myhpnmedicaid.com/Member/No-Cost-Extra-Benefits>

Molina Healthcare of Nevada

(833) 685-2102; www.welcometomolina.com

Value-added Benefits – <https://www.molinahealthcare.com/members/nv/en-us/mem/medicaid/benefits-and-services.aspx>

SilverSummit Health Plan

(844) 366-2880; <https://www.silversummithealthplan.com>

Value-added Benefits – <https://www.silversummithealthplan.com/members/medicaid/benefits-services/benefits-overview.html>

2. Q. When is Open Enrollment for members?

A. The State will hold an Open Enrollment period each year in the month of October where Members are free to change their MCO, which will be effective January 1st of the following year.

3. Q. What does the Open Enrollment letter instruct members to do if they would like to switch MCO?

A. The Open Enrollment letter provides the following instructions: "If you want to change your MCO, check the box for the MCO you want below. Please return this letter using one (1) of the following options: Mail, to **Nevada Medicaid, Attn: MCO Changes, P.O. Box 30042, Reno, NV 89520**, or by email to nvmmis.mco@gainwelltechnologies.com.

4. Q. What methods does the member have available to be able to submit the choice in MCO?

A. Members can submit a change request form to:

- Nvmmis.mco@gainwelltechnologies.com
- Nevada Medicaid, Attn: MCO Changes, P.O. Box 30042, Reno, NV 89520

Or by calling the District Office:

- Southern Nevada: (702)-486-1646
- Northern Nevada: (775)-684-7200
- Toll Free: 1-(800)-992-0900

Or by dropping off at the nearest District Offices:

- https://dhcfp.nv.gov/Contact/Contact_Home/

5. Q. What is the expected turn-around time to process the switch?

A. Depending on the volume of requests received each day, switches are reviewed daily and updates are made to the Nevada Medicaid Management Information System (MMIS) indicating a switch is pending to the new MCO.

6. Q. How do providers verify member Medicaid eligibility and managed care enrollment?

A. Providers enrolled in the MMIS can view member Medicaid eligibility and managed care enrollment information via the Eligibility Verification System (EVS).

<https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>

7. Q. Do the MCOs offer dental services?

A. Dental services are managed by the dental benefits administrator (DBA), LIBERTY Dental Plan of Nevada, Inc. (LIBERTY). Only emergent services and palliative care for dental are covered by the MCOs. Visit <https://client.libertydentalplan.com/NVMedicaid> for more information.

Nevada Medicaid will continue to offer dental services to all Medicaid members. Members that are **not enrolled** in Managed Care will receive their dental benefits through the Fee for Service (FFS) delivery model. <https://dhcfp.nv.gov/Pqms/CPT/Dental/>.

8. 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: <https://www.medicaid.nv.gov/providers/enroll.aspx>.
- **Once Nevada Medicaid enrollment is complete, contact the managed care plan below.**

Note: expressing interest in credentialing with an MCO is not a guarantee of placement in their network.

- ❖ **Anthem Blue Cross and Blue Shield Healthcare Solutions**
<https://providers.anthem.com/nevada-provider/join-our-network>
 Provider Services: (844) 396-2330
- ❖ **Health Plan of Nevada**
<https://healthplanofnevada.com/Provider/Join-Our-Network>
 Credentialing Department line: (702) 242-7559
- ❖ **Molina Healthcare of Nevada**
<https://www.molinahealthcare.com/providers/nv/medicaid/home.aspx>
 Nevada Provider Line: (833) 685-2103
- ❖ **SilverSummit Healthplan**
<https://www.silversummithealthplan.com/providers/become-a-provider.html>
 Provider Relations Line: (844) 366-2880 option 2

9. Q. What is the policy for medical Prior Authorizations (PA)?

A. The policy for medical PAs for each MCO can be found below:

- ❖ **Anthem Blue Cross and Blue Shield Healthcare Solutions**
<https://providers.anthem.com/nevada-provider/resources/manuals-and-guides>
 - ❖ **Health Plan of Nevada**
<https://www.healthplanofnevada.com/Provider/Provider-Summary-Guide>
 - ❖ **Molina Healthcare of Nevada**
<https://www.molinahealthcare.com/providers/nv/medicaid/resources/provider-materials.aspx>
 - ❖ **SilverSummit Healthplan**
<https://www.silversummithealthplan.com/providers/resources/forms-resources.html>
- **PA Requirements for Transitions of Care:**
 Prior to transferring a member, the MCO must send the receiving MCO or Provider information regarding the member's existing PA(s) within five (5) calendar days or as medical needs dictate.

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

A. Contact the member's MCO listed below.

- ❖ **Anthem Blue Cross and Blue Shield Healthcare Solutions**
<https://providers.anthem.com/nevada-provider/resources/precertification-requirements>
 Provider Services: (844)-396-2330
- ❖ **Health Plan of Nevada**
<https://healthplanofnevada.com/Provider/Prior-Authorization>
 Provider Services: (800) 745-7065
- ❖ **Molina Healthcare of Nevada**
<https://www.molinahealthcare.com/providers/nv/medicaid/home.aspx>
 Provider Line: (833) 685-2103

❖ **SilverSummit Healthplan**

<https://www.silversummithealthplan.com/providers/preauth-check/medicaid-pre-auth.html>

Provider Relations Line: (844) 366-2880 option 2

11. Q. Do Managed Care providers have to accept FFS members if the provider is enrolled with Nevada Medicaid?

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

12. 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. If you are unable to contact the MCO, questions and concerns can also be directed to the DHCFP Managed Care & Quality Assurance Unit at (775) 684-3170 or managedcare@dhcfp.nv.gov.

13. 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. Questions and concerns can be directed to the MCO's Provider Services:

❖ **Anthem Blue Cross and Blue Shield Healthcare Solutions**

<https://providers.anthem.com/nevada-provider/resources/precertification-requirements>

Provider Services: (844)-396-2330

❖ **Health Plan of Nevada**

<https://healthplanofnevada.com/Provider/Prior-Authorization>

Provider Services: (800) 745-7065

❖ **Molina Healthcare of Nevada**

<https://www.molinahealthcare.com/providers/nv/medicaid/home.aspx>

Provider Line: (833) 685-2103

❖ **SilverSummit Healthplan**

<https://www.silversummithealthplan.com/providers/preauth-check/medicaid-pre-auth.html>

Provider Relations Line: (844) 366-2880 option 2