

**NEVADA MEDICAID AND NEVADA CHECK UP – MANAGED CARE ORGANIZATION
(MCO) GOOD CAUSE DISENROLLMENT FORM**



Nevada Medicaid

Medicaid rules say you can change your health plan, if you have a reason that is allowed. This is called “**Good Cause Disenrollment**.” You can ask to change your plan even if the 90-day period to switch has already ended. If you request to change your plan, you must keep using your current plan until the new plan is approved and starts. Call Nevada Medicaid **(866) 569-1746 (TTY: 7-1-1)** to check if your plan has been changed before you go to a doctor or clinic.

Head of Household Information	
Name:	
Address:	
Medicaid ID:	Date of Birth:
Phone #:	
Reason for Disenrollment Per 42 CFR 438.56(d)(2) (Check all that apply):	
<p>The member moves out of the MCO service area.</p> <p>Note: You must update your address Contact the Division of Social Services (DSS) for Southern Nevada: (702) 486-1646 or Northern Nevada: (775) 684-7200 or Toll Free: 1(800) 992-0900 or TTY 7-1-1 or log into the Access NV web portal to update your address at https://dss.nv.gov. You may also submit an address change at the following link https://dhcfp.nv.gov/UpdateMyaddress/.</p> <p>The health plan does not cover the services because of moral or religious objections.</p> <p>The member needs related services (for example a cesarean section and a tubal ligation) to be performed at the same time, but not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.</p> <p>Other reasons: poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the member's care needs.</p> <p>(Explain)_____</p>	
Please include the name of your Primary Care Physician, Specialist, and/or the Hospital you use.	
Primary Care Physician _____	Phone# _____
Specialist _____	Phone # _____
Hospital _____	Phone # _____
Current MCO: (please only check one)	New MCO Choice: (please only check one)
<p>Anthem Blue Cross and Blue Shield (844) 396-2329</p> <p>CareSource (833) 230-2058</p> <p>Health Plan of Nevada (800) 962-8074</p> <p>Molina Healthcare of Nevada (833) 685-2102</p> <p>SilverSummit Healthplan (844) 366-2880</p>	<p>Anthem Blue Cross and Blue Shield (844) 396-2329</p> <p>CareSource (833) 230-2058</p> <p>Health Plan of Nevada (800) 962-8074</p> <p>Molina Healthcare of Nevada (833) 685-2102</p> <p>SilverSummit Healthplan (844) 366-2880</p>
How to send your form:	
<ul style="list-style-type: none">You can mail the completed form to: Nevada Medicaid Attn: 4070 Silver Sage Dr. Carson City, NV 89701You can also drop off the form at your local Medicaid District office.You can email the form to: managedcare@nvha.nv.gov.	