

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 **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. Enrollees will receive a reminder letter prior to this time.

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)

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Molina Healthplan (833) 685-2102

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SilverSummit Healthplan (844) 366-2880

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

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Health Plan of Nevada (800) 962-8074

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.

Any recipient wishing to change their MCO plan outside of the annual open enrollment period must contact their MCO at the telephone number above and show good cause. The MCO will evaluate the cause and make a determination to allow or deny the switch. If your request is denied, you have the right to appeal the decision. **Nevada Medicaid and Nevada Check Up District Office** Northern Nevada: (775) 687-1900 Southern Nevada: (702) 668-4200.

Please Mail this request 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.

Head of Household Signature:

Date: