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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 10/18/2021

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 Recipients?

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

| | |
|--|---|
| <p>Molina Healthcare of Nevada (833) 685-2109 <i>(to be activated 10/27/21)</i> https://www.meetmolina.com/nv-medicaid</p>  | <p>SilverSummit Healthplan (844) 366-2880 www.silversummithealthplan.com</p>  |
| <p>Health Plan of Nevada (800) 962-8074 www.myhpnmedicaid.com</p>  <p>HEALTH PLAN OF NEVADA A UnitedHealthcare Company</p> | <p>Anthem Blue Cross and Blue Shield Healthcare Solutions (844) 396-2329 https://mss.anthem.com/nevada-medicaid/home.html</p>  |

2. Q. How are members being notified of the MCO member redistribution effective January 1, 2022?

A. All managed care households will receive a special assignment letter by November 1 notifying them of this upcoming change and the possible impact to their coverage. In December, recipients will be notified if they are assigned to a new MCO beginning January 2022.

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

A. The special assignment letter provides the following instructions: “If you would like to change your MCO to better meet your health care needs, select that MCO on the bottom portion of this letter by checking the box, signing, and dating where indicated, and returning this letter to **Nevada Medicaid, Attn: MCO Changes, P.O. Box 30042, Reno, NV 89520.**”

4. **Q. What methods does the member have available to be able to submit the choice in MCO? (i.e. mail, telephone, fax, email)**
- A. Members can mail a change request form **signed by the Head of Household** to:
- Nevada Medicaid, Attn: MCO Changes, P.O. Box 30042, Reno, NV 89520
5. **Q. What is the expected turn-around time to process the switch?**
- A. Operations reviews the switches daily and updates the MMIS indicating a switch is pending to the new MCO.
- Switches will be effective the next administrative month.
6. **Q. What is the net processing time to have the switch take effect in the MMIS?**
- A. The process is completed on Fridays with an upload of a spreadsheet for switches. The effect in MMIS depends on when the update is received as compared to the monthly managed care cycle.
- In January, requests on the update spreadsheet received by January 23rd preceding the monthly managed care cycle on January 24th will implement the MCO change effective February 1st. If the switch occurs after January 23rd, the MCO change will be effective March 1st.
7. **Q. How do providers verify recipient Medicaid eligibility and managed care enrollment?**
- A. Providers enrolled in the Nevada Medicaid Management Information System (MMIS) can view recipient 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>.
8. **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). Visit <https://client.libertydentalplan.com/NVMedicaid> for more information.
- Nevada Medicaid will continue to offer dental services to all Medicaid recipients. Recipients that are **not enrolled** in an MCO/DBA will continue to receive their dental benefits through the Fee for Service (FFS) delivery model. <https://dhcfp.nv.gov/Pgms/CPT/Dental/>.
9. **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 FFS.
- **To enroll as a Nevada Medicaid Provider**, please visit the Online Provider Enrollment Portal located here: <https://www.medicaid.nv.gov/providers/enroll.aspx>.

- **Once Nevada Medicaid enrollment is complete, contact the managed care plan below.**

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

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

Visit <https://providers.anthem.com/nevada-provider/join-our-network>

Provider Services: (844) 396-2330

- ❖ **Health Plan of Nevada**

Visit <https://healthplanofnevada.com/Provider/Join-Our-Network>

Credentialing Department line: (702) 242-7559

- ❖ **Molina Healthcare of Nevada**

Visit <https://www.meetmolina.com/nv-medicaid> (to be activated 10/27/2021)

Nevada Provider Line: (877) 902-1207

- ❖ **SilverSummit Healthplan**

Visit <https://www.silversummithealthplan.com/providers/become-a-provider.html>

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

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

A. The policy for medical PAs is as follows:

- **PA Requirements for Outpatient and Inpatient Services**

For recipients transitioning between managed care plans or from FFS to managed care, all existing outpatient PAs issued by the previous managed care plan or FFS will be honored by the new managed care plan for 90 days or until recipient can be assessed and treatment plan revised.

Inpatient treatments or procedures that have been authorized as medically necessary must be honored. These services are subject to ongoing utilization management services.

- **PA Requirements for Maintenance Medications used to treat non-behavioral health conditions:**

To minimize disruptions for recipients taking maintenance medications*, MCOs must extend coverage to match all pharmacy PAs issued by the previous managed care plan or FFS for no less than two refills (30-day supply for each refill) or until the recipient can be assessed by a qualified prescribing provider and treatment plan revised.

* A maintenance medication is defined as any medication with a maintenance indicator published in the MCO's pharmacy file from First DataBank, Medispan, or other nationally recognized drug file.

- **PA Requirements for medications used to treat behavioral health conditions:**

For recipients receiving psychotropic, antidepressants, behavioral health maintenance medications, and covered outpatient drugs used for opiate addiction, a 90-day PA will be honored to cover current medication(s) or until the recipient can be assessed by a qualified prescribing provider and treatment plan revised.

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

A. Contact the recipient's MCO listed below.

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

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

Provider Services: (844)-396-2330

❖ **Health Plan of Nevada**

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

Provider Services: (800) 745-7065

❖ **Molina Healthcare of Nevada**

Visit <https://www.meetmolina.com/nv-medicaid> (to be activated 10/27/2021)

Nevada Provider Line: (877) 902-1207

❖ **SilverSummit Healthplan**

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

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

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

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

13. 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. Questions and concerns can also be directed to the DHCFP Managed Care & Quality Assurance Unit at (775) 684-3170 or managedcare@dncfp.nv.gov.

14. 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.