



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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



Nevada Medicaid – Recipient General and Managed Care Organization (MCO) FAQ's

Updated 09/2022

1. Q. What is managed care and how does it work?

A. Medicaid Managed Care is a program in which recipients of Nevada Medicaid and Nevada Check Up receive their medical care from a managed care health plan. When you are enrolled in a managed care health plan, you choose a doctor to be your primary care physician. This doctor will then refer you to other doctors and specialists as you need them. When you're enrolled in a managed care health plan, generally, you must receive all medical care from providers within the managed care network.

2. Q. What Managed Care Organizations (MCOs) are available?

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

<p>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</p>
<p>Health Plan of Nevada (800) 962-8074; https://www.myhpnmedicaid.com/ Value-added Benefits – https://myhpnmedicaid.com/Member/No-Cost-Extra-Benefits</p>
<p>Molina Healthcare of Nevada (833) 685-2109; https://www.welcometomolina.com/ Value-added Benefits – https://www.molinahealthcare.com/members/nv/en-us/mem/medicaid/benefits-and-services.aspx</p>
<p>SilverSummit Health Plan (844) 366-2880; https://www.silversummithealthplan.com/ Value-added Benefits – https://www.silversummithealthplan.com/members/medicaid/benefits-services/benefits-overview.html</p>

3. Q. Why am I enrolled in managed care?

A. If you are eligible for Nevada Medicaid or Nevada, Check Up and you live in urban Washoe County or urban Clark County, managed care enrollment is mandatory unless you are under the special Medicaid category of aged, blind, or disabled. At the time that you apply for Medicaid, you are requested to choose an MCO. If you do not choose an MCO, you will be automatically assigned to one. You will have 90 days to switch to another MCO if you are not happy with your current MCO.

4. Q. What benefits are offered through managed care?

A. As a recipient of managed care, you are eligible for all Medicaid State Plan services. Additionally, MCOs may offer Value-Added Services to their members. Some services require a prior authorization (PA). For a

complete list of services, contact your MCO directly or review the MCO Benefit Fact Sheet located at: <http://dhcfp.nv.gov/Members/BLU/MCOMain/>.

5. 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/Pgms/CPT/Dental/>.

6. Q. What is Open Enrollment?

- A. Once a year, Open Enrollment allows you to change your MCO without having to show good cause. Heads of Household (HOH) will receive a letter letting them know Open Enrollment has begun, including instructions on how to change MCOs.
- Recipients may contact the Medicaid District Offices with questions for **Southern Nevada: (702) 668-4200** or **Northern Nevada: (775) 687-1900**.

7. Q. When does Open Enrollment happen?

- A. Open enrollment will occur each year from October 1st through October 31st and will be effective the following January 1st.

8. Q. What if I change my MCO during Open Enrollment and then change my mind?

- A. You can change your MCO at any time during the Open Enrollment period, which is October 1, through October 31st of the current year. You will have 90 days after your MCO change to choose another MCO.

9. Q. Can I opt out of the upcoming switch?

- A. Yes, if you do not want to switch to another MCO you don't have to do anything.

10. Q. What methods do recipients have available to be able to submit the choice in MCO?

- A. If recipients wish to switch to another MCO they may send the completed request which includes HOH name and Medicaid ID to: **Nevada Medicaid Attn: MCO Changes P.O. Box 30042, Reno NV 89520**.
- Recipients can submit a change request form via-email: Nvmmis.mco@gainwelltechnologies.com
 - Or by dropping off at the nearest District Offices: https://dhcfp.nv.gov/Contact/Contact_Home/
 - Recipients may complete the Managed Care Organization Change Form listed on the DHCFP website <http://dhcfp.nv.gov/Members/BLU/MCOMain/>.

11. Q. How do I know which providers are in my MCO network?

- A. Please contact your current MCO for a complete list of providers at the numbers listed above or the numbers listed on the back of your MCO card.

12. Q. How do I file a complaint with my MCO?

- A. Contact your MCO directly for instructions on how to file a grievance or complaint. This information is also available in the member handbook sent to you by the MCO at the time of enrollment.

13. Q. What happens if I move out of an MCO service area?

- A. Whenever you move, you **must** notify Division of Welfare and Supportive Services (DWSS) of your address change within ten (10) days. If you moved to an area that is not covered by an MCO, you will be automatically disenrolled from your MCO and moved to the Fee For Service program the following month.

Until your address change request has been processed by DWSS and while you are waiting to be disenrolled from managed care, your MCO has policies in place to ensure you have access to your Medicaid benefits. They can assist you if you need to see a physician or fill a prescription. Division of Welfare and Supportive Services (DWSS) District Offices:

- **Southern Nevada: (702) 486-1646** https://dwss.nv.gov/Contact/Welfare_District_Offices-South/
- **Northern Nevada: (775) 684-7200** https://dwss.nv.gov/Contact/Welfare_District_Offices-North/ or **Toll Free: 1(800) 992-0900 or TTY 7-1-1**
- Log into the Access NV web portal to update your address at <https://accessnevada.dwss.nv.gov/public/landing-page>.
- You may also submit an address change at the following link: <https://dhcfp.nv.gov/UpdateMyaddress/>

14. Q. Who should I contact if I have not received or lost my Medicaid Card and Managed Care Organization Card?

- A. Contact DWSS with questions about your Medicaid card and if you have not received or have question about your MCO Card contact your MCO. The numbers for Medicaid and your MCO are listed above.

Managed Care Organization	Print from portal or website	Contact Member Services through website	Call Member Services and verify eligibility	View and Print on App
Anthem	X		X	X
Health Plan of Nevada	X	X	X	
Molina	X	X	X	X
Silver Summit	X	X	X	X

15. Q. Do the MCOs offer transportation for my medical appointments? If so, who do I call?

- A. The MCOs do not provide transportation, but Nevada Medicaid provides eligible Medicaid recipients with non-emergency transportation to covered services that are medically necessary. Nevada Check Up recipients are not covered for non-emergency transportation services. The transportation broker with Nevada Medicaid is MTM.
- Medicaid recipients must call MTM to request rides to a covered, medically necessary services or to request mileage reimbursement if a personal vehicle is used.
 - Contact MTM on their website at <https://www.mtm-inc.net/nevada/members/> or by phone at (844)879-7341.

16. Q. What is a “good cause” to change my MCO?

- A. Federal regulations 42 CFR 438.56(d)(2) allow Medicaid members to change their MCO through a process called, “Disenrollment for Cause”. This process is for members who want to change their current MCO and are not within their 90-day window to change. Recipients may request to switch MCOs for “good cause” at any time. Recipients must contact the DHCFP(Nevada Medicaid) or their current MCO orally or in writing to request the disenrollment.

“Good Cause” includes:

- The recipient moves out of the geographic service area,
- The MCO does not, because of moral or religious objections, cover the service the recipient seeks.
- The recipient needs related services (for example a cesarean section and a tubal ligation) to be performed at the same time; not all related services are available within the network; and the recipient's primary care provider or another provider determines that receiving the services separately would subject the recipient to unnecessary risk.
- Other reasons, including poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the recipients care needs.

17. **Q. My provider has said that he/she will submit a change form on my behalf. Will this actually switch me to the MCO plan that I want? Or am I required to submit the form?**
A. No the provider may not submit a request, the member must submit the request.
18. **Q. During the switch period starting January 2023 will this affect any medical procedures I have prior authorized such as surgery or chemotherapy?**
A. No it will not affect any medical procedures, all prior authorizations already approved will be honored by the new MCO.
19. **Q. I lost my Medicaid eligibility and now I have Medicaid again what happens to my MCO?**
A. Those returning recipients who were ineligible for two (2) months or less will be returned to their former MCO and if they were ineligible for more than three (3) months they may choose a new MCO or will be auto assigned to a new MCO.