

Fill out and send this form **only** if you want to change your health plan within **90** days after signing up with a health plan.

1. You only have **90 days** to change your health plan after the enrollment date.
2. You can change your health plan during the **annual Open Enrollment period in October**.
3. Make sure your address is up to date. You can update it online at: AccessNevada.dwss.nv.gov.
 - a. Call the Division of Social Services (DSS) office at **(702) 486-1646, (775) 684-7200** or
 - b. **Toll Free: (800)-992-0900** or **TTY 7-1-1** or use this web page dhcfp.nv.gov/UpdateMyaddress/.

Household information: (please print clearly)		
Head of Household (HOH) Name:		
Head of Household (HOH) Medicaid ID:		
Home address:		
City:	State:	Zip Code
Names of household members (attach additional pages if needed)		
Name:	Medicaid ID:	
Name:	Medicaid ID:	
Name:	Medicaid ID:	
Name:	Medicaid ID:	
Choose One Health Plan Below: Each plan serves specific regions. Please select the one that best fits your location. Check with your doctor to be sure they work with the health plan you want to choose.		
☐ Anthem Blue Cross and Blue Shield Healthcare Solutions (844) 396-2329 (Available in Urban Clark County and Urban Washoe County)		
☐ CareSource (833) 230-2058 – (Available in Urban Clark County, Urban Washoe County, and all rural regions)		
☐ Health Plan of Nevada (800) 962-8074 (Available in Urban Clark County only)		
☐ Molina Healthcare of Nevada (833) 685-2109 (Available in Urban Clark County and Urban Washoe County)		
☐ SilverSummit Healthplan (844) 366-2880 (Available in Urban Clark County, Urban Washoe County, and all rural regions)		
Is this an Open Enrollment Request? ☐ Yes ☐ No		

PLEASE MAIL THE COMPLETED FORM TO:

Nevada Medicaid
Attn: MCO Changes
PO Box 30042
Reno, NV 89520

Or email the form to nvmmis.mco@gainwelltechnologies.com.

If you want to change your health plan outside of the annual open enrollment period, you must show good cause. Contact Nevada Medicaid or your health plan. Medicaid will evaluate the cause. They will decide whether you meet the requirements to switch. If your request is denied, you have the right to request a State Fair Hearing.

If you have questions, Nevada Medicaid is here to help. Call **(866) 569-1746 (TTY: 7-1-1)**, or email medicaid@nvha.nv.gov.

Atención: si habla español, dispone de servicios gratuitos de asistencia lingüística, llame al 1-(866)-569-1746 (TTY: 7-1-1)