

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

Federal regulations 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. If you request good cause disenrollment, you must continue to receive all medical care from your current MCO until the effective date of disenrollment. Contact the **Division of Health Care Financing and Policy (DHCFP) District Office Southern Nevada: (702) 668-4200 or Northern Nevada: (775) 687-1900 or TTY 7-1-1** to verify your disenrollment before you seek medical services outside of your MCO's network or for any other questions.

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):

1. The recipient moves out of the MCO service area.
Note: Contact the Division of Welfare and Supportive Services (DWSS) 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://accessnevada.dwss.nv.gov/public/landing-page>. You may also submit an address change at the following link <https://dhcfp.nv.gov/UpdateMyaddress/>.
2. The MCO does not, because of moral or religious objections, cover the service the recipient seeks.
3. 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.
4. 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.
(Explain) _____

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)

- Anthem Blue Cross and Blue Shield Healthcare Solutions (844) 396-2329**
Health Plan of Nevada (800) 962-8074
Molina Healthcare of Nevada (833) 685-2109
SilverSummit Healthplan (844) 366-2880

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Fax completed form to (775) 684-3773 or mail to Attn: DHCFP MCQA Unit, 1100 E William St Suite 101, Carson City NV 89701. You may also drop off the form at your local Medicaid District office.

You may also submit the completed form via email managedcare@dhcfp.nv.gov or by clicking the "SUBMIT" button below. 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.



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