



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 Provider General & Managed Care Organization (MCO) FAQ's Updated 02/2024

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. Do providers need to be enrolled with Nevada Medicaid or the MCO to receive payments for rendered services?

A. All individuals/entities who provide services to Nevada Medicaid recipients under the FFS and/or Medicaid Managed Care Organization (MCO) program shall be enrolled as a Nevada Medicaid provider to receive payment for services rendered.

2. Q. Does a provider need an NPI to enroll with Nevada Medicaid or the MCO?

A. All healthcare providers shall obtain an NPI number and provide this NPI to Nevada Medicaid at the time of application, revalidation and/or change request submission and must use this NPI to enroll with the MCO. To obtain an NPI or further information regarding NPI, see the National Plan and Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov>.

3. Q. How do I enroll as a Managed Care provider?

To enroll as a Managed Care provider, you must first be enrolled and approved as a Nevada Medicaid Provider, Fee for Services (FFS).

A. To enroll as a Nevada Medicaid Provider, please visit the Online Provider Enrollment Portal: <https://www.medicaid.nv.gov/providers/enroll.aspx> Once Nevada Medicaid enrollment is complete, contact the Managed Care plans below to enroll.

- **Anthem Blue Cross and Blue Shield Healthcare Solutions** <https://providers.anthem.com/nevada-provider/join-our-network> Provider Services: (844) 396-2330.
- **Molina Healthcare of Nevada** <https://www.molinahealthcare.com/providers/nv/medicaid/home.aspx> Nevada Provider Line: (833) 685-2103.
- **SilverSummit Healthplan** <https://www.silversummithealthplan.com/providers/become-a-provider.html> Provider Relations Line: (844) 366-2880 option 2.
- **UnitedHealthcare Health Plan of Nevada Medicaid** <https://healthplanofnevada.com/Provider/Join-Our-Network> Credentialing Department line: (702) 242-7559.

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

4. Q. What Managed Care Organizations (MCO) will be covering Nevada Medicaid Members?

A. Currently Nevada Medicaid, offers four (4) MCOs to eligible Medicaid and Nevada Check Up members in the coverage areas of urban Washoe and urban Clark counties Medicaid members may contact the MCOs listed below with any questions:

- **Anthem Blue Cross and Blue Shield Healthcare Solutions**
(844) 396-2329 <https://mss.anthem.com/nevadamedicaid/home.html>.
Value-added Benefits – <https://www.chooseanthem.com/nv#benefits>.
- **Molina Healthcare of Nevada**
(833) 685-2102; www.welcometomolina.com.
Value-added Benefits – <https://www.molinahealthcare.com/members/nv/en-us/mem/medicaid/benefits-and-services.aspx>.
- **SilverSummit Health Plan**
(844) 366-2880; <https://www.silversummithealthplan.com>
Value-added Benefits - <https://www.silversummithealthplan.com/members/medicaid/benefits-services/benefits-overview.html>.
- **UnitedHealthcare Health Plan of Nevada Medicaid**
(800) 962-8074 - <https://www.hpnmedicaidnvcheckup.com/Provider>.
Value-added Benefits – <https://myhpnmedicaid.com/Member/No-Cost-Extra-Benefits>.

5. Q. When is the MCO Open Enrollment for members?

- A. The State will hold an Open Enrollment period each year in the month of October where Members are free to change their MCO, which will be effective January 1 of the following year. After the January 1st effective date members will have one final switch if they are not happy with their new MCO.

6. Q. What does the Open Enrollment letter instruct members to do if they would like to switch MCO?

- A. The Open Enrollment letter provides the following instructions: “If you want to change your MCO, check the box for the MCO you want below. Please return this letter using one (1) of the following options: Mail, to **Nevada Medicaid, Attn: MCO Changes, P.O. Box 30042, Reno, NV 89520**, or by email to nvmmis.mco@gainwelltechnologies.com.

7. Q. What methods does the member have available to be able to submit the choice in MCO?

- A. Members can submit a change request form to:
- **US Mail:** Nevada Medicaid, Attn: MCO Changes, P.O. Box 30042, Reno, NV 89520
 - **Email:** nvmmis.mco@gainwelltechnologies.com
 - **Dropping off at the nearest Medicaid District Offices listed in this link:**
https://dhcfnv.gov/Contact/Contact_Home/ Or
 - **by calling the Medicaid District Office at the numbers listed below:**
 - Southern Nevada: (702)-668-4200
 - Northern Nevada: (775)-687-1900

8. Q. What is the expected turn-around time to process the switch?

- A. Depending on the volume of requests received each day, switches are reviewed daily, and updates are made to the Nevada Medicaid Management Information System (MMIS) indicating a switch is pending to the new MCO.

9. Q. How do providers verify member Medicaid eligibility and managed care enrollment?

- A. Providers enrolled in the MMIS can view member 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>.

10. 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/NV/Medicaid> 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/>.

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

A. The policy for medical PAs for each MCO can be found below:

- **Anthem Blude Cross and Blue Shield Healthcare Solutions**
<https://providers.anthem.com/nevada-provider/resources/manuals-and-guides>.
- **Molina Healthcare of Nevada**
<https://www.molinahealthcare.com/providers/nv/medicaid/resources/provider-materials.aspx>.
- **SilverSummit Healthplan**
<https://www.silversummithealthplan.com/providers/resources/forms-resources.html>.
- **UnitedHealthcare Health Plan of Nevada Medicaid**
<https://www.healthplanofnevada.com/Provider/Provider-Summary-Guide>.

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

A. Contact the member's MCO listed below.

- **Anthem Blue Cross and Blue Shield Healthcare Solutions**
<https://providers.anthem.com/nevada-provider/resources/precertification-requirements>.
Provider Services: (844)-396-2330.
 - **Molina Healthcare of Nevada**
<https://www.molinahealthcare.com/providers/nv/medicaid/home.aspx>.
Provider Line: (833) 685-2103.
 - **SilverSummit Healthplan**
<https://www.silversummithealthplan.com/providers/preauth-check/medicaid-pre-auth.html>.
Provider Relations Line: (844) 366-2880 option 2.
 - **UnitedHealthcare Health Plan of Nevada Medicaid**
<https://healthplanofnevada.com/Provider/Prior-Authorization>.
Provider Services: (800) 745-7065.
- **PA Requirements for Transitions of Care:**
Prior to transferring a member, the MCO must send the receiving MCO or Provider information regarding the member's existing PA(s) within five (5) calendar days or as medical needs dictate.

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

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

14. 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. If you are unable to contact the MCO, questions and concerns can also be directed to the DHCFP Managed Care & Quality Assurance Unit at (775) 684-3170 or email at managedcare@dhcfp.nv.gov.

15. 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. Questions and concerns can be directed to the MCO's Provider Services:

- **Anthem Blue Cross and Blue Shield Healthcare Solutions** <https://providers.anthem.com/nevada-provider/resources/precertification-requirements>
Provider Services: (844)-396-2330
- **Molina Healthcare of Nevada**
<https://www.molinahealthcare.com/providers/nv/medicaid/home.aspx>
Provider Line: (833) 685-2103
- **SilverSummit Healthplan**
<https://www.silversummithealthplan.com/providers/preauth-check/medicaid-pre-auth.html>
Provider Relations Line: (844) 366-2880 option 2
- **UnitedHealthcare Health Plan of Nevada Medicaid**
<https://healthplanofnevada.com/Provider/Prior-Authorization>
Provider Services: (800) 745-7065