

December 16, 2021 (Updated January 20, 2022)

Web Announcement 2657

## Attention All Providers: 2022 Managed Care Caseload Distribution Notice

The Nevada Division of Health Care Financing and Policy (DHCFP) executed, on September 14, 2021, a new contract with four managed care entities to become effective January 1, 2022. Medicaid recipient membership is currently with three plans, and DHCFP will distribute the membership across the four plans on January 1, 2022. Recipients will have a 90-day period where they can select a different plan if they wish.

Implementing this new contract with the plans will cause some member disruption. DHCFP is currently working with all four contracted vendors to implement transition of care procedures to reduce provider and recipient disruption.

The DHCFP expects this implementation to impact all providers, but expects this to be most relevant to:

- Hospitals (acute, sub-acute and post-acute)
- Primary Care providers
- Behavioral Health Care providers
- Personal Care Service providers and
- Home Health Care providers

The four Managed Care Organization (MCO) vendors will not be notified of their assigned membership in time to communicate to providers which members will be moving to another vendor. It is imperative that all providers utilize the Medicaid Electronic Verification System (EVS) to determine member eligibility and MCO assignment, and to facilitate appropriate billing to the correct MCO.

All managed care households will receive a 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. A document with the summary and timeline regarding the <u>Medicaid Managed Care Enrollment Changes</u> is attached to this web announcement.

It may be beneficial as a provider to share with your patients which MCOs you are credentialed with, as this may inform their decision on whether to select a different plan within the 90-day period as allowed. All four MCOs will reimburse out-of-network providers during the initial transition period in order to ensure members receive the appropriate medically necessary care. MCOs will share prior authorization information on members that are transitioning. MCOs are expected to honor prior authorizations and referrals through the transition period. After the transition period, members will be reassigned to in-network providers for further care and coverage.

If you have questions on how to appropriately bill an MCO that you are not currently credentialed with, please contact the specific MCO via their provider services line located below.

MCOs will make additional information regarding their plans available via websites located below for both providers and members.

### Anthem Blue Cross and Blue Shield Nevada Medicaid

https://mss.anthem.com/nevada-medicaid/home.html

- Member Services (844) 396-2329
- Provider Services (844) 396-2330

#### Health Plan of Nevada (HPN)

https://myhpnmedicaid.com/Provider

- Member Services (800) 962-8074
- Provider Services (800) 745-7065

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## Molina HealthCare

## https://www.meetmolina.com/nv-medicaid

- Member Services (833) 685-2102
- Nevada Provider Line (833) 685-2103

#### SilverSummit Healthplan

https://www.silversummithealthplan.com/

• Member and Provider Services (844) 366-2880

Additional information, including Frequently Asked Questions (FAQs), MCO change form, flyers and more, will be posted on the DHCFP website as it becomes available: <a href="https://dhcfp.nv.gov/Members/BLU/MCOMain/">https://dhcfp.nv.gov/Members/BLU/MCOMain/</a>

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## **Medicaid Managed Care Enrollment Changes**

Nevada Medicaid September 30, 2021

# Summary

- **630,000** Nevadans are enrolled in Medicaid Managed Care Organizations (MCOs).
- 3 MCOs currently serve all enrollees.





• 4th MCO was added to offer enrollees more options. New MCO has no enrollees.



 Redistribute enrollees. equally to ensure equal opportunity for MCOs & enhanced choices for Nevadans.

Action Date

10/14/21

10/15/21

11/24/21

12/10/21

12/15/21

12/26/21

12/28/21

12/27-12/31/21

1/1/22

Strategy

Pull list of existing enrollees.

Notify existing enrollees that changes are coming.

Pull list of all eligible enrollees & distribute 25% to each MCO.

Send distribution list to MCOs.

Notify enrollees of their assigned MCO.

List of new enrollees after 11/24 pulled & distributed across all MCOs.

New enrollees list sent to MCOs.

New enrollees pulled daily & file transferred nightly to MCOs.

Changes effective. Members have 90 days to switch to a preferred MCO.

For more information, write to: ManagedCare@DHCFP.nv.gov