



March 27, 2017

Announcement 1331

Attention All Nevada Medicaid Providers:

Managed Care Organization (MCO) Changes Effective 2017

Effective July 1, 2017, the Division of Health Care Financing and Policy (DHCFP) will offer four (4) Managed Care Organizations (MCOs) for Medicaid Managed Care recipients, which include the following vendors: Aetna Better Health of Nevada (AET), Amerigroup Community Care (AGP), Health Plan of Nevada (HPN) and SilverSummit Healthplan (SSH).

Beginning this year (2017) and going forward, Open Enrollment will run from April 1 through June 30, with lock in effective July 1. Any household requesting a change during Open Enrollment may make one final change to another MCO within 90 days from July 1. The DHCFP's goal for Open Enrollment is to fulfill requirements outlined in the Code of Federal Regulations (CFR) 42 CFR 438.56(c). Open Enrollment is the process which allows recipients to change their MCO choice once per year without having to show good cause for changing.

One Open Enrollment letter is mailed per managed care household for recipients currently enrolled in an MCO. Any recipient requesting to change their MCO choice after the close of Open Enrollment must contact their current MCO to request a "Good Cause" for disenrollment. Any household requesting a change during Open Enrollment may make one final change to another MCO within 90 days from July 1.

Effective July 1, 2017, all dental services will be provided through Fee-for-Service until a Dental Benefits Administrator (DBA) contract is awarded. The DHCFP is currently in the procurement process for selection of a single DBA vendor to serve recipients included in the mandatory MCO coverage areas of urban Washoe and urban Clark counties.