

Nevada Medicaid Newly Eligibles with SMI Exemption Cannot Opt Out of Managed Care

Nevada Medicaid newly eligibles, defined as childless adults ages 19-64, and the expanded parent and caretakers ages 19-64, who are made eligible as part of the Patient Protection and Affordable Care Act expansion population and who are receiving the Alternative Benefit Plan, cannot opt out of managed care, where available, based on a determination of serious mental illness (SMI).

Beginning June 1, 2014, any recipient identified as newly eligible (as defined above) with an SMI exemption, will no longer be allowed to opt out of managed care. They will either be enrolled in a Managed Care Organization (MCO) because their household or case members are enrolled in it, because they were previously enrolled in it, or their MCO will be chosen for them.

If they currently have a prior authorization for any procedure or service, or if they are receiving personal care services on an ongoing basis, they should contact their new MCO immediately to make arrangements for continuation of services.

Based on the recipient's specific history, they might have 90 days from the above beginning date of June 1, 2014, to change their MCO. If they would like to change their MCO assignment, they must send a signed, written request including their name, Medicaid recipient ID, and the name of the MCO they prefer to: HP Enterprise Services, PO Box 30042, Reno, NV 89520. If they do not change their MCO within 90 days of the beginning date, they will have the right to change at the next annual open enrollment period.

Any recipient wishing to change their MCO plan outside of the annual open enrollment period must contact their MCO directly and show good cause. The MCO will evaluate the cause and make a determination to allow or deny the switch. If their request is denied, they have the right to appeal the decision. Generally, not having a specific provider or facility in the network is <u>not</u> considered good cause.