

# REDISTRIBUTION TOOLKIT



## What's inside:

- Redistribution FAQ and Processes
- Managed Care Change Form
- Stay with SilverSummit Flyer
- Provider Quick Reference Guide

You can also find our redistribution toolkit online at [SilverSummitHealthplan.com](https://SilverSummitHealthplan.com).

Our staff is happy to come to your office and help educate Medicaid members on the redistribution process and their plan benefits. To schedule, please reach out to Ritchie Duplechien, Senior Director, Health Equity at [ritchie.duplechien@silversummithealthplan.com](mailto:ritchie.duplechien@silversummithealthplan.com).

Be on the lookout for an invite to our provider information sessions on January 10 and 20, where you can get any questions you may still have answered. To learn more, please call your provider representative.

*Niki Atcheson King*

**Niki Atcheson King**  
Vice President of Community Solutions  
SilverSummit Healthplan

*Sarah Fox*

**Sarah Fox**  
Vice President of Network Development and Contracting  
SilverSummit Healthplan

**Disclaimer:** Information is subject to change. 12/22/21.

Get answers to your redistribution questions and learn how to work with SilverSummit Healthplan members.

## GENERAL FAQs

### What is the Nevada Medicaid member redistribution?

Effective January 1, 2022, the Nevada Medicaid program will evenly redistribute the Medicaid population among all four Medicaid health plans, meaning each Medicaid health plan will cover 25% of households. This means that effective January 1, 2022, SilverSummit Healthplan will have roughly 165,000 Nevada Medicaid members.

### Why is the Nevada Medicaid program doing this?

This redistribution will level the playing field among the Medicaid health plans, improve member quality, and drive innovation through increased competition among health plans. It's a win for all current Medicaid members, the state of Nevada, and YOU, a Nevada Medicaid healthcare provider.

### When and how will members be notified of their new MCO?

By or around December 15, 2021, all Nevada Medicaid enrollees will receive a letter from the Nevada Medicaid program informing them of their health plan.

### When will Medicaid members get their new Medicaid ID cards?

All Medicaid members who were switched should get their new cards no later than January 6, 2022. ID cards could be delayed due to the post office mail delays. Even if the member does not have their new card, they should make or keep their doctor's appointment. Do not turn them away because they don't have their card yet.

### Is this going to happen every year?

No. This is a one-time, random redistribution and will not happen again.

### Do all of the Medicaid health plans offer the same medical benefits?

YES! The Nevada Medicaid health plans offer the exact same medical benefits that all Medicaid beneficiaries are entitled to. SilverSummit has unique extra benefits that our members get. Please see the SilverSummit Quick FACTS flyer included in this packet to learn more.

### If a Medicaid member is switched, will their entire household switch with them?

Yes.

### Does this Medicaid redistribution affect fee for service (FFS) Medicaid members?

No.

## FOR CALL CENTER AND INTAKE STAFF – PROCESS AND FAQs

- 1: Keep the patient as a patient of your office.
- 2: Schedule the appointment or check the patient in to see the doctor.
- 3: For the call center - Warm transfer to SilverSummit customer service for the patient to get their questions answered.
- 4: For intake/reception - Give them the SilverSummit Quick FACTS flyer.
- 5: No ID card = no problem. Follow the normal eligibility determination process.

### Q: What do I do if a CURRENT patient who was with HPN or Anthem and is now with SilverSummit asks me why they switched?

A: Explain that the Nevada Medicaid program changed the way members are assigned to the Medicaid health plans and that your office had nothing to do with this new process.

#### Tell the patient:

- 1: Don't worry, ALL your existing and future appointments, procedures, surgeries, and doctors are covered by SilverSummit.
- 2: Schedule the appointment or check the patient in.
- 3: Explain that the most important thing is they can still see the doctor.
- 4: Explain that they do not need to do anything else at this time because they have their appointment and that is what matters the most.

### Q: What do I do if the patient asks me questions about SilverSummit Healthplan (like what other doctors are in their network, their benefits, etc.)?

#### For the call center:

A: Explain that you do not have that information and you would like to transfer the patient to the SilverSummit customer service line. Warm transfer to SilverSummit Member Services at 1-844-366-2880 (wait on the line until a customer service agent answers the call). If the patient does not want to be transferred, give them the SilverSummit toll-free Member Services phone number: 1-844-366-2880.

#### For intake/reception/in-person interactions:

- 1: Explain that the patient does not need to do anything else at this time because they are going to see the doctor and that is what matters the most.
- 2: Give them the SilverSummit Quick FACTS flyer and tell them to call SilverSummit to learn more.

### Q: What do I do if the patient asks me my opinion about which health plan to choose?

#### For the call center:

A: Explain they should stay with SilverSummit and the best way to learn more about SilverSummit Healthplan is through a warm transfer to SilverSummit Healthplan Member Services, then transfer the call to 1-844-366-2880.

#### For intake:

A: Explain that they should stay with SilverSummit and give the patient the SilverSummit Quick FACTS flyer.

### Q: What if a NEW SilverSummit member calls or comes to the office who was with HPN or Anthem and now has been assigned to our office as their provider? (New health plan and new doctor scenario.)

A1: Keep the patient as your patient.

A2: Welcome them to your office and make their appointment or check them in to be seen by the doctor.

A3: Tell them to stay with SilverSummit and follow the call center or intake processes above if they ask further questions.

**Q: If a member doesn't have their new card yet, can they still keep their appointment?**

A: YES! They can still make or keep their appointment. All SilverSummit members should have their new ID card by January 6, 2022. There may be a slight delay due to the post office delays. *SilverSummit members should still be able to make and keep all appointments even if they do not have their new ID card yet.*

**Q: What if our office is not in-network with the patient's new health plan?**

A: If there is a prior authorization or referral in place, keep or make the appointment for the patient to be seen. All prior-authorized services are to be covered by all managed care plans throughout the choice period of January 1, 2022, to March 31, 2022.

## BILLING AND PRIOR AUTHORIZATION FAQS

- 1: Submit the claim for payment to SilverSummit Healthplan.
- 2: NO referrals are required for SilverSummit Healthplan members.

**Q: What is the Continuity of Care policy?**

A: All Medicaid-covered services that had prior authorization before redistribution will be honored through March 31, 2022, when the redistribution period ends. This includes in- and out-of-network services. Claims should be submitted to SilverSummit for payment.

**Q: What about prior authorization for services after January 1, 2022?**

A: For services after January 1, 2022, follow the SilverSummit prior authorization process and procedures.

**Q: Do members need a new prior authorization or prescriptions for their medications that were already approved or written prior to January 1, 2022?**

A: No. SilverSummit will honor all prior-authorized/written prescriptions through March 31, 2022.

**Q: What is the effective date of Medicaid members who were switched?**

A: Due to the redistribution process, some Medicaid members will be switched to another health plan and some will not. For those who have been switched, their new effective date is January 1, 2022. For those who have not been switched, their effective date remains the same. The effective date will be on their member ID card.

**Q: If a member is switched, will their entire household switch with them?**

A: Yes.

## MEDICAL ASSISTANTS AND REFERRALS FAQS

**Q: How will a member's prescriptions be moved from their pharmacy to a pharmacy in SilverSummit's network?**

A: Members can choose any pharmacy that is in the SilverSummit network. The staff at that pharmacy will take care of moving their prescriptions from their previous pharmacy to the new one they choose.

**Q: Does SilverSummit require referrals for in-network providers?**

A: No. SilverSummit does not require referrals for in-network providers. Patients can proceed to any in-network specialist they prefer.

## MAKE THE SWITCH TO SILVERSUMMIT INSTRUCTIONS

### How to switch a Medicaid member to SilverSummit Healthplan

Nevada Medicaid members can switch as many times as they want during the choice period of January 1 through March 31, 2022.

The change request submitted nearest to the deadline of March 31, 2022, is the final one that will be honored. The member will remain with that MCO. Change requests must be received no later than March 31, 2022.

Per Nevada Medicaid policy, providers' office staff members are allowed to help switch Medicaid members to SilverSummit Healthplan. The process is easy.

### For your call center staff:

[Click here](#) for the Managed Care Change Form.

- 1: Complete the form.
- 2: Check the box for SilverSummit Healthplan – VERY IMPORTANT.
- 3: Print the form.
- 4: Return to your supervisor for submission to the state of Nevada for processing.
- 5: Per Nevada Medicaid, NO patient signature is required.

### For your intake or reception staff:

[Click here](#) for the Managed Care Change Form.

- 1: Give the patient a Managed Care Change Form to complete with their patient paperwork. NOTE: The form must be completed with the head of household name in the correct field, and ALL members of that household must be included on that form.
- 2: Have them return the form to you.

### OR:

The patient can send an email to [MCORedistribution@dncfp.nv.gov](mailto:MCORedistribution@dncfp.nv.gov)

NOTE: Providers may NOT send an email on behalf of the patient. The patient needs to send the email from their or their friend or family's email account. Basically any email other than the provider's.

### To process an email change request, the minimum information required is:

Name of head of household (HOH)  
Name of member requesting the switch (if other than HOH)  
Medicaid ID (HOH or member requesting switch)

### OR the patient can call the Nevada Medicaid office:

**Northern Nevada:** (775) 684-1900

**Southern Nevada:** (702) 668-4200

### Mailing Instructions:

Per Nevada Medicaid, provider offices can submit as many MCO Change Forms as can fit in any size envelope. Hundreds can be sent in one envelope.

**Mail:** Nevada Medicaid  
Attn: MCO Changes  
PO Box 30042  
Reno, NV 89520

**Preferred method:** Assist the patient in completing the MCO Change Form, then SilverSummit will pick up your envelopes twice per month and mail them for you.

For Clark County pickup, please email Chrissy Sanders at [Christine.Sanders@SilverSummithealthplan.com](mailto:Christine.Sanders@SilverSummithealthplan.com).

For Washoe County pickup, please email Christina Galan at [Christina.Galan@SilverSummithealthplan.com](mailto:Christina.Galan@SilverSummithealthplan.com).



# STAY COVERED WITH SILVERSUMMIT.

SilverSummit has a large network of doctors, pediatricians, hospitals, and mental health providers. Plus, we get you the care you need when you need it with in-home urgent care, telehealth, and pharmacy home delivery.



## For families and expecting parents:

- Spa services for new moms\*
- A free electric breast pump, car seat, crib, and more\*
- Up to \$175 in dollar rewards for new moms
- Baby showers with free baby necessities\*
- Doula services
- Boys & Girls Club memberships
- Free tutoring\*



## For easy, healthy living:

- Up to \$800 in Visa gift cards for going to the doctor and completing programs\*
- No referrals needed for specialists
- A free Costco card
- A free smartphone with talk, text, and data
- Local staff to help with food, housing, and more
- Rides to the doctor



## For next steps:

- Up to \$300 for members transitioning from incarceration or pursuing jobs or education\*
- Financial assistance for ID cards, birth certificates, and GEDs\*

*\* Applies to qualified individuals*



## Get Medicaid benefits you can count on.

ChooseSilverSummit.com • 1-844-366-2880 | TTY/TDD (hard of hearing): 1-844-804-6086





# EN SILVERSUMMIT, TE DAMOS MÁS.

SilverSummit tiene una amplia red de médicos, pediatras, hospitales, y proveedores de salud mental. Además, te damos el cuidado que necesitas cuando lo necesites con cuidado de urgencias en tu casa, telesalud, y entrega a domicilio de artículos de farmacia.



## Para familias y mamás en espera:

- Servicios de Spa para mamás nuevas\*
- Gratis - Un sacaleches eléctrico, asiento para auto, cuna, y mucho más\*
- Hasta \$175 en recompensas para mamás nuevas
- Baby Showers con artículos necesarios para bebé-gratis\*
- Servicios de doulas
- Membresías Boys & Girls Club
- Tutoría gratis\*



## Para una vida fácil y económica:

- Hasta \$800 en recompensas en dinero por actividades saludables\*
- Visitas a especialistas sin referencia
- Gratis - Tarjeta de Costco
- Gratis - Smartphone con voz, texto, y datos incluidos
- Personal local para apoyo de alimento, vivienda, y más
- Transporte a tus citas médicas



## Siguientes pasos:

- Hasta \$300 para miembros transicionando de encarcelamiento o buscando empleo o educación\*
- Asistencia financiera para tarjetas de identificación, actas de nacimiento, y GEDs\*

*\*Aplica a individuos que califiquen*



## Obtén beneficios Medicaid de confianza.

EscogeSilverSummit.com • 1-844-366-2880 | TTY/TDD (problemas de la audición):  
1-844-804-6086



Un plan de Nevada Medicaid y Nevada Check Up.

©2021 SilverSummit Healthplan. Todos los derechos reservados.

## Nevada Medicaid and Nevada Check Up – Managed Care Organization (MCO) Change Form

If you would like to request a change to your MCO, please complete the following information and return this form to the address listed below. **All fields are required in order to process this request.** Contact your **Medicaid District Office** at the numbers below if you need help determining if you are eligible to switch your MCO. Please be aware of any deadlines associated with your initial 90-day switch period or the Annual Open Enrollment period. Requests received outside of your switch period or the Annual Open Enrollment period may not be processed.

- The 90-day switch period, or the time in which recipients can change their plan begins with the effective date of their enrollment in the plan.
- Once a year, recipients will have a chance to change plans during Open Enrollment. Enrollees will receive a reminder letter prior to this time.

### Household information: (please print clearly and attach additional pages if needed)

(Medicaid ID#'s can be found on the Medicaid ID card and are 11-digit numeric numbers (no alpha characters))

Head of Household (HOH) Name: \_\_\_\_\_

Head of Household (HOH) Medicaid ID: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### Names of household members

Name: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Name: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Name: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Name: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

### MCO Choice: (please only check one)

**Molina Healthplan (833) 685-2109**

**SilverSummit Healthplan (844) 366-2880**

**Anthem Blue Cross and Blue Shield Healthcare Solutions (844) 396-2329**

### Health Plan of Nevada (800) 962-8074

If the form is being used for Open Enrollment, it only needs to be returned if the member wishes to change their current MCO. Duplicate requests are not required. If you have already submitted a request to change enrollment to a specific MCO it is not necessary to submit another form unless you are making a change to a prior request sent in.

Any recipient wishing to change their MCO plan outside of the annual open enrollment period must contact their MCO at the telephone number above and show good cause. The MCO will evaluate the cause and make a determination to allow or deny the switch. If your request is denied, you have the right to appeal the decision.

**Nevada Medicaid and Nevada Check Up District  
Office Northern Nevada: (775) 684-1900 Southern  
Nevada: (702) 668-4200**

### Please Mail this request to:

Nevada Medicaid Attn: MCO Changes • PO Box 30042 • Reno, NV, 89520

Head of Household Signature (**required**): \_\_\_\_\_

Date: \_\_\_\_\_

## Nevada Medicaid y Nevada Check Up – Formulario de cambio de Organización de Atención Administrada (MCO)

Si desea solicitar un cambio de su MCO, complete la siguiente información y envíe este formulario a la dirección indicada a continuación. **Todos los campos son obligatorios para poder procesar esta solicitud.** Póngase en contacto con su **Oficina de Distrito de Medicaid** en los números que aparecen a continuación si necesita ayuda para determinar si es elegible para cambiar su MCO. Tenga en cuenta los plazos asociados a su período inicial de cambio de 90 días o al período anual de inscripción abierta. Es posible que no se procesen las solicitudes que se reciban fuera de su período de cambio o del período de inscripción abierta anual.

- El periodo de cambio de 90 días, o el tiempo en el que los beneficiarios pueden cambiar de plan, comienza con la fecha de entrada en vigor de su inscripción en el plan.
- Una vez al año, los beneficiarios tendrán la oportunidad de cambiar de plan durante la Inscripción Abierta. Los afiliados recibirán una carta de recordatorio antes de ese momento.

### Información del hogar: (escriba claramente y adjunte páginas adicionales si es necesario)

(Los números de identificación de Medicaid se encuentran en la tarjeta de Medicaid y son números de 11 dígitos (sin caracteres alfabéticos))

Nombre del jefe de familia (HOH): \_\_\_\_\_

Numero de Medicaid del jefe de familia: \_\_\_\_\_

Dirección del domicilio: \_\_\_\_\_

Ciudad: \_\_\_\_\_

Estado: \_\_\_\_\_

Código postal: \_\_\_\_\_

### Nombres de los miembros del hogar

Nombre: \_\_\_\_\_

Identificación de Medicaid: \_\_\_\_\_

Nombre: \_\_\_\_\_

Identificación de Medicaid: \_\_\_\_\_

Nombre: \_\_\_\_\_

Identificación de Medicaid: \_\_\_\_\_

Nombre: \_\_\_\_\_

Identificación de Medicaid: \_\_\_\_\_

### Elección de MCO: (marque sólo una)

**Molina Healthplan (833) 685-2109**

**SilverSummit Healthplan (844) 366-2880**

**Anthem Blue Cross and Blue Shield Healthcare Solutions (844) 396-2329**

**Health Plan of Nevada (800) 962-8074**

Si el formulario se utiliza para la inscripción abierta, sólo es necesario devolverlo si el beneficiario desea cambiar su MCO actual. No es necesario duplicar las solicitudes. Si ya ha presentado una solicitud de cambio de inscripción a un MCO específico, no es necesario presentar otro formulario, amén que se trate de un cambio de una solicitud anterior enviada.

Todo beneficiario que desee cambiar su plan de MCO fuera del periodo anual de inscripción abierta debe ponerse en contacto con su MCO en el número de teléfono indicado anteriormente y demostrar una causa justificada. El MCO evaluará la causa y tomará la decisión de permitir o denegar el cambio. Si su solicitud es denegada, tiene derecho a apelar la decisión.

### Nevada Medicaid and Nevada Check Up District

Office Northern Nevada: (775) 684-1900

Southern Nevada: (702) 668-4200

### Por favor, envíe esta solicitud por correo a:

Nevada Medicaid Attn: MCO Changes • PO Box 30042 • Reno, NV, 89520

Firma del jefe de familia (requerida): \_\_\_\_\_

Fecha: \_\_\_\_\_

## SILVERSUMMIT HEALTH PLANS

SilverSummit Healthplan is a managed care organization in Nevada and a subsidiary of Centene Corporation. SilverSummit was established in July 2017 to deliver quality healthcare through local, regional, and community-based resources. SilverSummit Healthplan covers the following products in the state of Nevada:

### SilverSummit Healthplan Medicaid

- SilverSummit provides healthcare services to Nevada Medicaid and Nevada Check Up members in Clark and Washoe counties.

### Ambetter from SilverSummit Healthplan

- Ambetter is Centene's health insurance Marketplace<sup>®</sup> product. It exists to improve the health of its beneficiaries through focused, compassionate, coordinated care.

### Allwell by Wellcare

- Allwell by Wellcare is Centene's Medicare Advantage product in Nevada, offering plans with prescription drug coverage. Wellcare was created to provide affordable and quality Medicare coverage to help members get the care they need.

## SILVERSUMMIT RESOURCES

### Medicaid Provider Services:

Contact our provider customer service team for any provider inquiries, medical management, and eligibility verifications.

- 1-844-366-2880 (Weekdays 8 a.m.-6 p.m. PT).

We also have a dedicated team of provider relations representatives to assist our contracted providers. To contact your provider relations representative, please reach out to them directly or contact us at: NVSS\_ProviderRelations@SilverSummitHealthplan.com.

### SilverSummit Healthplan Medicaid Website

Access our website for provider notices and updates, provider manuals, clinical and payment policies, notice of pregnancy forms, PCP change forms, authorization forms, prior authorization verification, preferred drug listing, and more.

- Website:  
[www.silversummithealthplan.com](http://www.silversummithealthplan.com)

### SilverSummit Healthplan Medicaid Provider Portal

Update provider information, verify member eligibility and benefit information, check claims status and payment details, submit claims reconsiderations and prior authorizations, refer for case management, and more.

- Website:  
[www.silversummithealthplan.com/login.html](http://www.silversummithealthplan.com/login.html)
- Please make sure to select "provider."

### Interpreter Access

Dial 1-866-998-0338, enter account number 13982, Enter PIN 2641, enter your agent ID, and say the language you need.

### Nonemergency Transportation

To assist members in need of nonemergency transportation, please contact MTM at 1-844-879-7341.

### Medicaid Prior Authorizations

Failure to obtain the required approval or pre-certification may result in a denied claim. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

All out-of-network providers require prior authorization excluding emergency room services and family planning.

- Pre-authorization verification tool:  
[www.silversummithealthplan.com/providers/preauth-check.html](http://www.silversummithealthplan.com/providers/preauth-check.html)



Authorization requests may be submitted in our secure provider portal or faxed to the information below:

- Medical: 1-844-367-7022
- Behavioral: 1-855-868-4940
- Imaging: Complex imaging such as MRI, PET, and CT scans are verified by NIA.
- Website:  
<https://www1.radmd.com/radmd-home.aspx>

### **Behavioral Health**

SilverSummit provides a broad network of behavioral health providers in Washoe and Clark counties. We also partner with Summit Behavioral Health Services to guarantee access to appointments. Please contact Summit Behavioral Health Services at 702-935-8700 for assistance in getting an appointment. You can also call 1-844-366-2880 and select the prompt for Behavioral Health. This line is open 24/7/365.

- Website: <https://sbhslasvegas.com/>

### **Involve Pharmacy Solutions**

- Phone: 1-866-399-0928
- Fax: 1-833-645-2736
- Website:  
[www.silversummithealthplan.com/providers/pharmacy.html](http://www.silversummithealthplan.com/providers/pharmacy.html)
- Address:  
Involve Pharmacy Solutions  
5 River Park Place East, Suite 210  
Fresno, CA 93720

### **Referrals**

Our Medicaid plan does not require referrals from PCPs or contracted specialists to see a specialty provider. Please refer members to in-network providers.

### **Claims Submissions**

For current claims billing guidelines, please refer to the respective provider billing manual:

- Website:  
[www.silversummithealthplan.com/providers/resources.html](http://www.silversummithealthplan.com/providers/resources.html)
- Electronic payer ID: 68069

Electronic claims submission is preferred but for all paper claims, reconsiderations, or disputes, please mail to:

- SilverSummit Healthplan  
Attn: Claims Department  
PO Box 5090  
Farmington, MO 63640-5090

### **Timely Filing Guidelines for In-Network Providers**

Please refer to the latest provider billing manuals on our website.

### **Electronic Funds Transfer (EFT) and Electronic Remittance Advices (ERA)**

SilverSummit and PaySpan are in partnership to provide an innovative web-based solution for EFTs and ERAs. Reach PaySpan Health at:

- Phone: 1-877-331-7154
- Website: [www.PaySpanHealth.com](http://www.PaySpanHealth.com)
- Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

### **EDI Questions**

Electronic transactions support for HIPAA transactions is provided for the health plan by Centene. Centene is currently receiving professional, institutional, and encounter transactions electronically as well as generating an electronic remittance advice/explanation of payment (ERA/EOP). To conduct other HIPAA transactions not listed, please contact our EDI department at 1-800-225-2573, ext. 6075525.

If you have questions or need more information on electronic filing, please contact:

- SilverSummit Healthplan  
c/o Centene EDI Department
- Phone: 1-800-225-2573, extension 6075525
- Email: [EDIBA@centene.com](mailto:EDIBA@centene.com)