

How to Disenroll

If you want to leave SilverSummit to enroll in a different health plan, you can:

- Call SilverSummit member services toll-free at 1-844-366-2880, TTY: 1-844-804-6086, Relay 711. Ask for a disenrollment form that you can complete. You can also complete the form by phone with a member services employee.
- Send us a letter and include:
 - Your name
 - SilverSummit ID number
 - A phone number where you can be reached
 - Why you want to disenroll. Include a good cause reason listed above.

Send the completed form or letter to:

SilverSummit Healthplan
Attn: Customer Service
2500 N. Buffalo Drive
Suite 250
Las Vegas, NV 89128

When we get your form or letter, we'll review it and make a decision. We'll send you a letter within 14 days to tell you what we decide. If your medical needs require a faster response, we'll make our decision as quickly as possible.

If you disagree with our decision, you can file an **appeal**. This is how you ask us to change our decision.

You or someone that you name to act for you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you want to appeal, you must tell us within sixty (60) days of the date of our notification of decision letter. You can file an appeal by phone, fax, or writing to us at:

SilverSummit Healthplan	Phone 1-844-366-2880
Appeals Department	TDD/TTY 1-844-804-6086
2500 North Buffalo Drive, Suite 250	Fax 1-855-742-0125
Las Vegas, NV 89128	

If you appeal by phone, you must also send in a written, signed appeal.

- The written appeal should include the following information:
- Your name
- Your member number
- A phone number where we can reach you
- Why you think we should change the decision

ELIGIBILITY INFORMATION

You or your designated representative can ask for an appeal. We will give you an answer within thirty (30) calendar days of you asking for an appeal. If you or your designated representative believe that waiting up to 30 calendar days to decide your appeal could seriously risk your life or health, including your being able to reach, keep, or get back to your maximum function, you or your designated representative should tell us this when asking for an appeal. If we agree, we will make a decision sooner (within 72 hours of receiving the request) on your appeal. This is called an “expedited appeal.” An expedited appeal may be filed orally. It does not have to be filed in writing.

You must give written permission for someone else to file an appeal for you. No one can speak for you without your permission. There is a “Personal Appeal Representative Form” at the back of this book that will tell us that you give someone this permission to appeal for you.

If you need help filing your appeal call Member Services.

If you do not agree with the appeal decision, you will then have the right to a State Fair Hearing.

INVOLUNTARY DISENROLLMENT FOR CAUSE

SilverSummit Healthplan may ask for a member to be disenrolled. We would notify the Enrollment Broker in writing. SilverSummit Healthplan may ask for disenrollment at any time in the following situations:

- The member allows someone else to use their SilverSummit Healthplan ID card
- The member’s use of services is fraudulent or abusive
- The member’s behavior is so disruptive, threatening or uncooperative that behavior makes us unable to cover or provide services. This does not include behavior that is because of special needs, or physical or behavioral health problems.
- The member moves out of Nevada

SilverSummit Healthplan may not ask for disenrollment in the following situations:

- The member has a pre-existing medical condition
- The member has a change in health status
- The member uses medical services
- The member has diminished mental capacity
- The member refuses medical care or diagnostic testing
- The member completes a grievance or appeal
- The member asks to change providers

REASSIGNMENT

If you have been disenrolled due to loss of eligibility for Nevada Check Up or Medicaid, and you become eligible again, you will be reassigned to an MCO based on the following criteria:

- By family affiliation (you have other family members who are enrolled with an MCO)
- By history (you’re assigned to an MCO that you were enrolled with in the past)
- Randomly