

Providers should not cancel services or request out of pocket payment from Members who were assigned to a new MCO as of Jan. 1, 2022

Effective January 1, 2022, Medicaid recipient membership was distributed across the four Managed Care Organizations (MCOs). Nevada Medicaid worked collaboratively with the four MCO's to implement a transition of care plan to ensure continuity of care for members to reduce member disruption.

All four MCOs will reimburse out-of-network providers during the initial transition period of 01/01/2022 through 03/31/2022, under single-case agreements to ensure members receive the appropriate medically necessary care. MCOs have shared prior authorization information on members that were transitioned. MCOs are expected to honor prior authorizations and referrals through the transition period.

Providers should not turn members away or cancel scheduled services. Please contact the member's newly assigned MCO to coordinate continuity of care. For additional information, please visit:

<https://dhcfp.nv.gov/Members/BLU/MCOMain/>

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

Molina Health care of Nevada

<https://www.welcometomolina.com/NV>

- Member Services (833) 685-2102
- Nevada Provider Line (877) 902-1207

SilverSummit Healthplan

<https://www.silversummithealthplan.com/>

- Member and Provider Services (844) 366-2880