silversummit healthplan

Provider Toolkit

HR1 Medicaid New Requirements

Nevada Medicaid Work Requirements and Six-Month Renewals

New Requirements Overview

Beginning **January 1, 2027**, Nevada Medicaid will implement new eligibility requirements for certain Medicaid members age 19–64, including work and community engagement requirements and six-month eligibility renewals.

Current State guidance indicates that these requirements will apply to eligible adults enrolled in the Medicaid Expansion population, while certain members in this population may qualify for exemptions.

SilverSummit Healthplan is committed to helping providers educate members, support compliance and reduce disruptions in care by ensuring members understand these changes and have access to the resources they need to maintain coverage.

This toolkit provides:

- Key Changes Provider Should Know
- Office Workflow Recommendations
- Provider Talking Points
- Frequently Asked Questions
- Patient Communication Resources
- SilverSummit Support Contacts

Key Changes Providers Should Know

Work & Community Engagement Requirement

Beginning **January 1, 2027**, certain Nevada Medicaid Expansion members ages 19 to 64 will be required to meet new work and community engagement requirements as a condition of maintaining Medicaid eligibility. The purpose of the program is to encourage participation in employment, education, job training and community-based activities while helping members remain connected to healthcare coverage. SilverSummit Healthplan is committed to supporting members by providing education, connecting them to community resources and helping them understand how to meet these requirements.

Under current state guidance, certain members must complete 80 hours of qualifying activities each month. Members may combine multiple approved activities to satisfy the requirements and are not required to complete all hours through a single activity.

Qualifying activities may include:

- Employment
- Job training programs
- Vocational education
- Volunteer or community service activities
- Educational programs or coursework
- Self-employment activities

Members may combine qualifying activities to meet the monthly 80-hour requirement. For example, a member could meet the requirement through a combination of part-time employment, school attendance and volunteer service.

Providers play an important role in helping members understand these changes, maintain up-to-date contact information with Medicaid, respond to renewal notices and connect with available community resources that may help them meet eligibility requirements and maintain coverage.

Six-Month Medicaid Renewals

Beginning **January 1, 2027**, certain Nevada Medicaid Expansion members ages 19 to 64 will transition from annual Medicaid eligibility reviews to a six-month renewal process. Under current state guidance, certain members will be required to complete a Medicaid renewal every six months to confirm continued eligibility and maintain healthcare coverage. This change is intended to ensure Medicaid eligibility information remains current and that members continue to meet program requirements.

Members should be encouraged to watch for renewal notices from Nevada Medicaid and respond promptly to requests for information. Failure to complete required renewal actions or provide requested information could place Medicaid coverage at risk. Providers can play an important role by reminding patients to keep their contact information current and to respond to all Medicaid communications.

Key points providers should share with those affected members include:

- Medicaid eligibility renewals will occur every six months instead of annually.
- Members should promptly respond to all renewal notices or requests for information from Nevada Medicaid.
- Contact information, including address, phone number and email should be kept current with Medicaid.
- Members should review all mail and notices from Nevada Medicaid to avoid missing important deadlines.
- SilverSummit Healthplan is available to help members understand the renewal process and connect them with available resources.

Providers are encouraged to incorporate renewal reminders into routine patient interactions, particularly for members enrolled through the Medicaid Expansion population. Early education and outreach can help reduce coverage disruptions and ensure members maintain access to needed healthcare services.

Medicaid Members that are Exempt from New Requirements:

Based on current Nevada Medicaid guidance, requirements are expected to apply to certain Medicaid Expansion adults ages 19-64. Nevada Medicaid identified several exemption categories, including:

- Pregnant individuals
- Medicare beneficiaries
- Individuals with qualifying disabilities
- Certain medically frail populations
- Children
- Other state-approved exemptions

Providers should direct members to Nevada Medicaid or SilverSummit for final eligibility determinations.

Office Workflow Recommendations

At Registration

Ask: "Have you recently received information from Nevada Medicaid about work requirements or Medicaid renewal?"

If yes:

- Encourage the member to open and review all Medicaid mail.
- Confirm current address and phone number.
- Refer questions to SilverSummit Member Services.

During Office Visits

Providers and staff can reinforce:

- Medicaid coverage remains available for eligible members. They may need to complete work or community services hours and report them to the state. The state will send a letter to members who are affected by this new requirement in September.
- Members should complete renewal requests promptly.
- Community engagement requirements may include work, school, training, or volunteer activities.
- Help is available through SilverSummit and community partners. Give flyers or business cards.

SilverSummit care teams can help connect members with available resources.

Recommended Office Workflow

Front Desk Checklist

- ☐ Verify member contact information
- ☐ Ask if member has received Medicaid renewal notices
- ☐ Provide SilverSummit educational flyer
- ☐ Refer questions to Member Services or give Business Card

Resource Coordination or Member Engagement for Referral

Refer members who may need support with:

- Employment resources
- Workforce development programs
- Volunteer opportunities
- Social services
- Housing instability
- Transportation barriers

Provider Talking Points

1. **Opening Statements**
   - These changes are driven by new federal law that requires expansion states to implement work or "community engagement" requirements for certain Medicaid adults by January 1, 2027.
   - Nevada is working to implement these changes in a way that protects access to care and minimizes disruption for members.
   - Our focus is ensuring members understand what's changing and how to keep their coverage.

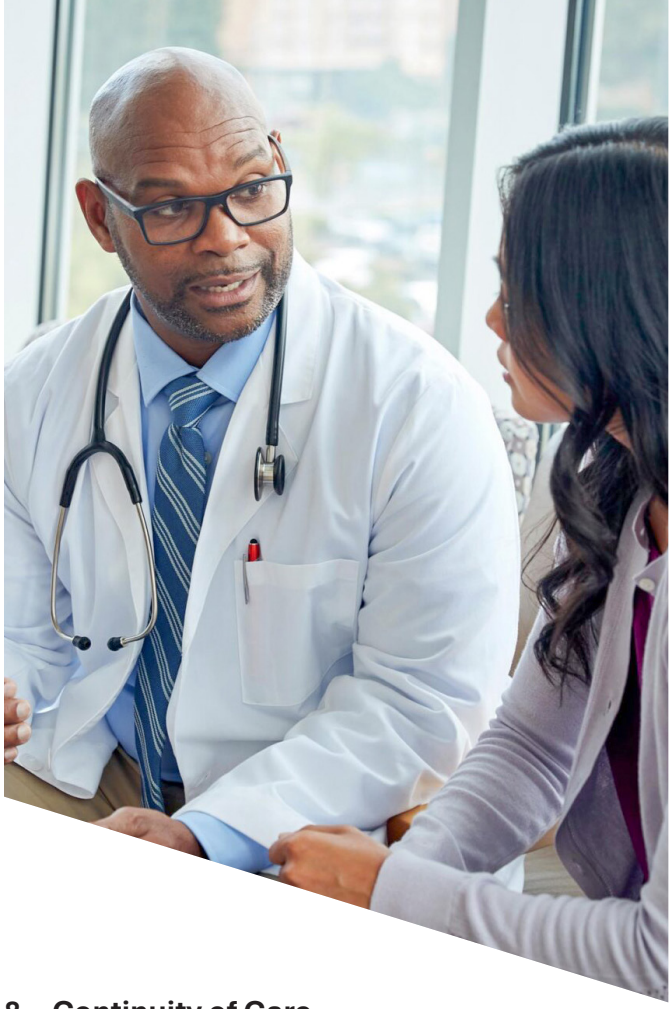
2. **Member Commitment**
   - At SilverSummit, our priority is simple: helping our members stay covered and connected to care.
   - These policy changes are significant, and our role is to guide members through them with clear information and support.
   - We are committed to meeting our members where they are—especially in rural and underserved communities across Nevada.

3. **What is Changing**
   - Beginning in 2027, some individuals ages 19–64 will need to demonstrate at least 80 hours per month of work or qualifying activities to maintain Medicaid coverage.
   - These activities include employment, education, job training, or volunteer/community service.
   - In addition, eligibility checks are becoming more frequent moving from annual renewals to every six months for some members.

4. **What Members Should Know**
   - Many members may already meet these requirements through work, caregiving, or school.
   - The most important thing is staying engaged, responding to notices and keeping information current.
   - Missing paperwork or not reporting on time could lead to coverage loss, even if someone is eligible.

5. **Exemptions**
   - It's important to know that many people are exempt—such as parents with young children, pregnant individuals, and those who are medically frail or disabled.
   - These protections are built into the policies to ensure vulnerable populations continue to receive care without disruption.
   - Our goal is to make sure members understand whether they qualify for an exemption and how to report it.

6. **Position SilverSummit as a Trusted Guide**
   - SilverSummit is expanding outreach to ensure members understand what's required and how to stay covered.
   - We're working directly with community partners, providers, and local organizations to reach members early and often.
   - Our outreach and member services teams are ready to educate members on how to navigate reporting and renewals step-by-step.



7. **Risk losing Medicaid**
   - The biggest risk members are facing is not meeting reporting requirements, not necessarily failing to work.
   - That is why proactive outreach and education are so important right now.
   - We want to prevent our members from coverage loss.
   - The most important action members can take today is to make sure their contact information is up to date, so they receive important information from the state.
   - Members should check their mail, email and online accounts regularly for updates and requests.
   - If a member receives a notice, they need to act quickly. There are timelines to respond and maintain coverage.

8. **Continuity of Care**
   - If a member does lose Medicaid coverage, there are other options, including marketplace plans.
   - Our goal is to ensure no one falls through the cracks—we want to help members transition smoothly if needed.

9. **Closing Statements**
   - This is a major change—but with the right support, most eligible members can stay covered.
   - Our focus is preventing confusion and making sure Nevadans know exactly what to do.
   - Health coverage shouldn't be lost because of paperwork—we're here to help members navigate every step.

Frequently Asked Questions

1. **What are Medicaid work requirements?**
   Work requirements are rules that may require some adults ages 19 to 64 who have Medicaid to complete approved activities to keep their health coverage.

2. **How many hours do I need to complete each month?**
   If the work requirement applies to you, you may need to complete 80 hours each month of approved activities.

3. **What activities count toward the 80 hours?**
   You can meet the requirements through approved activities such as:

   - Employment
   - School
   - Job training
   - Self-Employment
   - Community Service

   Seasonal Work: You may be able to use a combination of these activities to reach 80 hours each month.

   Beginning January 1, 2027, eligible members may meet the requirement by completing 80 hours of approved activities each month or by earning at least $580 per month through qualifying work activities.

4. **How will members know if they are affected by the Medicaid work requirements?**
   Nevada Medicaid will notify affected members by mail if they are required to report work and community engagement activities. If a member is unsure whether the requirements apply to them, tell them to contact Nevada Medicaid for more information.

5. **Who is not required to report work and community engagement activities?**
   You may be exempt from the Medicaid work requirements if you:

   - Are pregnant
   - Care for a child under age 14
   - Care for a person with a disability who needs help with daily tasks
   - Are a veteran with a total disability
   - Are American Indian or Alaska Native
   - Are currently incarcerated
   - Already meet SNAP or TANF work requirements
   - Are receiving treatment for drug or alcohol use
   - Have a physical health condition, mental health condition, disability, or substance use disorder that keeps you from working, volunteering, or attending school

6. **How do I report my work or activities?**
   Nevada Medicaid will provide instructions on how and when to report your approved activities. Keep records of your hours and activities.

7. **What happens if I do not report required activities?**
   If work requirements apply to you and you do not complete or report on your required activities, you could lose Medicaid coverage.

8. **What is changing with Medicaid Redetermination known as Renewals?**
   Medicaid renewals used to happen once a year. Beginning in 2027, some members will need to renew their coverage every 6 months. During each renewal, Members will need to check to see if you still qualify for benefits. Be sure to respond to renewal requests and **keep your contact information up to date to avoid losing coverage**.

9. **How will I know when it is time to renew?**
   Nevada Medicaid will send you a letter in the mail when it is time to renew. **Make sure your address, phone number and email address are up to date.**

10. **What happens if I do not complete my renewal?**
    You may lose your Medicaid coverage if you do not complete your renewal by the deadline.

11. **What should I do if my address, income or family size change?**
    Report changes as soon as possible. This helps make sure your information is correct and that you receive important updates about your coverage, work requirements and renewals.

12. **No longer eligible for Medicaid?**
    SilverSummit can help. If you no longer qualify for Medicaid, don't worry. Affordable health coverage options may be available through **Ambetter from SilverSummit Healthplan**, **Battle Born Health Plan**, or **Wellcare by SilverSummit Healthplan for adults age 65 and older.** We can help you explore your options and find coverage that works best for you.

Patient Communication Resources

- **Tabletop self-standing 11 x 14 posters**
- **Work Requirements and Renewal Flyer**
- **Business card directing members to website for more information**

SilverSummit Contact Information:

Provider Relations: NVSS_ProviderRelations@SilverSummitHealthplan.com

Member Services: 1-844-366-2880

Community Solutions: CommunitySolutions@SilverSummitHealthplan.com

SilverSummit Website: SilverSummitHealthplan.com