

The state of Nevada to reassign members to new health plans in 2022

On January 1, 2022, the State of Nevada Medicaid Program will reassign thousands of our members/your patients to other plans. The state plans to begin notifying members shortly by sending the attached letter.

We know you are busy. We want to ensure that you have the resources needed to serve your patients during this transition time.

1. Would you like us to set up a resource table in your office during the transition time to educate your patients about upcoming changes?

If yes, send an email with the subject line **Your Clinic Name — Community Table Help** to one of the following:

- For Clark County — olivia.smith@anthem.com
- For Washoe County — angelia.anavisca-valles@anthem.com

Please indicate if you need a Spanish bilingual representative to come out. We will do our best to accommodate your request. Please indicate the day you want us to visit and the preferred hours.

2. Do you need us to bring you *Plan Change Forms* and self-addressed stamped envelopes so your patients can change plans if needed?

If yes, send an email with the subject link **Your Clinic Name — Community Table Help** to one of the following:

- For Clark County — Olivia.Smith@anthem.com
- For Washoe County — angelia.anavisca-valles@anthem.com

Below is an FAQ you can share with any of your patients who receives a plan change letter and reaches out to you.

Plan change FAQ

Q: I got a letter from the state saying my plan might change. Why?

A: The state of Nevada is reassigning all Medicaid members to different health plans in 2022. The state contracts require equal membership to participate across all plans. We know this can be disruptive and don't want you to worry. Look for a letter from the state in December that will provide instructions for switching back your plan if you wish to do so.

<https://providers.anthem.com/nv>

Q: Will I be able to keep you as my current doctor?

A: You will be able to keep your current doctor, if the plan you get switched to is in our network. Currently, we are participating with [List Plans]. You will need to switch plans if you get assigned to a plan not in our network if you want to continue to see us. Look for a letter from the state in December that will provide instructions for switching back your plan if you wish to do so.

Q: If I get switched, will I have access to the same extra Value-Added Services?

A: No. All plans have different Value-Added Services. The state plans to have a comparison chart with extra benefits. You should read over those benefits to make the best choice for you and your family.

Q: I have a case manager? What do I do?

A: To keep your case manager, it is very important for you to fill out and return the letter that the state will send you this December. This letter will provide instructions for switching back your plan if you wish to do so.

Q: How will I know if they will switch my plan?

A: The state will send you a second letter in December telling you what plan you have been assigned to. Make sure you read that letter and check if there is any other important information listed.

Q: How can I switch back to my original Plan?

A: Look for a letter from the state in December. Check the **Plan** box on the bottom portion of this letter. Be sure to sign and date it where indicated, and return the letter to:

**Nevada Medicaid
Attn: MCO Changes,
P.O. Box 30042
Reno, NV 89520**

You can also drop off your letter at your Medicaid District office.

Q: I did not receive a letter from the state, but I heard my plan may be changed. What can I do?

A: Be sure to reach out to the state and update your mailing address. You can also call the state at **800-992-0900** or go in person to find out if you were switched in early December.

Q: I plan to move before December. How will I get notified?

A: A reminder, if you have plans of moving or have not updated your current mailing address, please make the changes with the state so you do not miss critical updates on your state plans. Call **800-992-0900** and ask for help.

Q: What if I don't get to switch back before March 31, 2022?

A: If you are not able to switch back to your current plan by March 31, 2022, you have to wait until the next open enrollment: October 1, 2022, through December 31, 2022. That's why it's so important to switch back to Anthem Blue Cross and Blue Shield Healthcare Solutions before March 31, 2020, so you can continue to see your current doctor and keep your benefits.