

Information provided in this notification is subject to change.

Changes to HPN's membership effective January 1, 2022

Nevada's Division of Health Care Financing and Policy (DHCFP) will implement the redistribution of Medicaid enrollees that reside in Clark and Washoe Counties for the mandatory managed care delivery program effective January 1, 2022.

Beginning January 1, 2022, Nevada's Medicaid program will have four MCOs: Health Plan of Nevada, Anthem, SilverSummit and Molina. DHCFP plans to redistribute Medicaid membership amongst all four contracted plans at 25% for each plan by region, effective January 1, 2022. Members from HPN and Anthem will be re-assigned to SilverSummit and Molina.

▶ **Which Medicaid members will be impacted?**

At this time, we don't know which members will be impacted. They will be randomly selected by DHCFP's vendor Gainwell.

▶ **Will providers be notified if any of their patients are impacted?**

We don't think so. However, DHCFP is requiring MCOs to assist in the transition of care for impacted members requiring continuity of care.

▶ **Will eligibility for impacted Medicaid members show correctly in the State's system on January 1, 2022?**

Yes. Updated eligibility information should show in the State's system on January 1, 2022.

▶ **What if impacted patients are in active treatment or have services scheduled in 2022, such as a surgery?**

The specific process for continuing treatment or completing scheduled services is not known yet.

▶ **How will Medicaid members be notified?**

1. At the end of October, DHCFP plans to distribute a letter to all Medicaid member households indicating, "Changes are coming, and your managed care enrollment may be impacted."
2. All households newly enrolled after September 26, 2021, will receive "Welcome to Managed Care" letters with an insert that notifies them that they may be impacted by upcoming contract awards effective January 1, 2022. The insert will be included in all new enrollee letters through the end of the year.
3. DHCFP will send a letter to members moving from HPN and Anthem to SilverSummit or Molina identifying which MCO they have been re-assigned to. This letter will be mailed no later than December 15, 2021.
4. Newly enrolled households from December 26-31, 2021, will be manually processed, redistributed, and notified by DHCFP staff about these changes.

▶ **What if my patients want to stay with HPN's Medicaid plan?**

All Medicaid members will have a 90-day "choice period." During these 90 days, your patients may elect to switch back to HPN's Medicaid plan. This 90-day period begins on January 1, 2022 and ends on March 31, 2022. Changes are effective the 1st of the following month, or in two months, depending on when changes are received by the State.

▶ **Are Medicaid members allowed to change to any MCO during this 90-day choice period?**

Yes. All Medicaid members will have the option to change their plan. Any Medicaid member may switch back or change to HPN's Medicaid plan during the 90-day choice period.

▶ **What is the process for Medicaid members to switch back or change to HPN's Medicaid plan during the 90-day choice period?**

Medicaid members must check the *Health Plan of Nevada* box on the letter/form issued by DHCFP and mail it to the address printed on the letter/form. HPN can provide your office with additional forms to give to your patients who want to switch back or change to HPN's Medicaid plan. You and your staff may assist patients in selecting HPN, as well as help them mail the form back.

▶ **If my patients elect to switch back or change to HPN's Medicaid plan, what is the effective date of their request?**

All enrollment changes will be effective the 1st of the following month, or in two months, depending on when changes are received by the State.

HPN will continue to update our Medicaid providers as new information becomes available. If you have specific questions about this notice, please contact your provider advocate.