

1. What is changing in 2025-2026?

Managed Care health plans will now be statewide.

For rural Nevadans, this means that in October 2025, you will get a letter that Managed Care health plans CareSource and SilverSummit will be available in your area. In December, you will receive a letter informing you which plan you were assigned. The plan will take effect on January 1, 2026. You have 90 days to switch to a different plan. Ask your doctors, providers, and pharmacies which plan(s) they are with and review the free extra benefits from each plan to help you pick. Use the QR code at the right to view benefits. You can continue to use the same providers for up to 6 months, regardless of which plan you are with.



Free extra benefits

For urban Nevadans, it means you will have new health plan options. For this reason, Open Enrollment will run from October 1 to December 26th. Ask your doctors, providers, and pharmacies which plan(s) they are with and review the free extra benefits from each plan to help you pick.



Update your address

Don't miss the letters! You can update your address with the QR code.

2. What plans are available where I live?

Everywhere in Nevada:

[CareSource](#) (833) 230-2058

[SilverSummit Healthplan](#): (844) 366-2880

In urban Clark County only:

[Anthem Blue Cross and Blue Shield](#): (844) 396-2329

[CareSource](#) (833) 230-2058

[Health Plan of Nevada](#): (800) 962-8074

[Molina Healthcare of Nevada](#): (833) 685-2102

[SilverSummit Healthplan](#): (844) 366-2880

In urban Washoe County only:

[Anthem Blue Cross and Blue Shield](#): (844) 396-2329

[CareSource](#) (833) 230-2058

[Molina Healthcare of Nevada](#): (833) 685-2102

[SilverSummit Healthplan](#): (844) 366-2880

3. What is changing in rural Nevada?

Rural Nevadans can pick from two managed care health plans starting January 1, 2026: CareSource and SilverSummit. These plans will provide all the Medicaid benefits you're accustomed to, and they will also offer new services.

In a 2024 survey, Medicaid members asked for:

- Better access to preventive health services
- Reliable and easier appointments
- More doctors & providers

We listened. Managed care health plans will:

- Focus on incentivizing provider networks to increase access to preventive health.
- Be held accountable by Nevada Medicaid for meeting new appointment timelines.
- Work to increase access to doctors & providers for rural Nevadans.
- Offer additional benefits not typically covered by Medicaid.

4. What is a Medicaid managed care health plan?

A Medicaid managed care health plan is health insurance offered by a state-licensed health carrier. The health plans connect Medicaid members to services through a network of doctors and providers. If you are a Nevada Medicaid or Nevada Check Up member, you should receive all of your covered services through the plan you pick, including physical and behavioral health services and prescriptions. Medicaid managed care health plans also provide care coordination and care management services to ensure you get reliable access to the health care services you need.

5. When is Open Enrollment, and how do I change plans?

Open enrollment for **urban members** is from **October 1st through December 26th, 2025**. Urban members can change plans until December 26th, 2025. **Rural members** will be assigned a plan that is effective January 1, 2026. All members have 90 days to switch again. After that, they must wait until the next Open Enrollment period. During Open Enrollment, you can use the [health plan change form](#) or:

- Use the [NVMedicaid App](#)
- Send an email to nvmmis.MCO@gainwelltechnologies.com.
- Or mail the form that comes to you in the mail to **NV Medicaid, MCO Changes, P.O. Box 30042, Reno, NV 89520**. Please include all household members' names, their Medicaid ID numbers, and the desired plan.



Health Plan
Change Form

6. How will rural members who will be switched to a Medicaid managed care health plan be notified?

You will receive a letter in the mail in October 2025 if you are eligible to receive benefits next year from a Medicaid health plan. In December, you will be notified which plan you will have. The plan will take effect on January 1, 2026, and you will have 90 days to change plans. Please ensure that you update your mailing address and contact information. To update your address, see the attached flyer “Medicaid Members: Update your address to keep your coverage.”



Update your
address

7. Can I change health plans outside Open Enrollment?

You can ask to change your health plan at any time if you have “good cause”. This is called “Disenrollment for Cause.” It’s for people who want to change plans when it’s not Open Enrollment and who are not in the 90-day window. To ask for a change, you must call or write to Nevada Medicaid or your current health plan. **“Good Cause” reasons include:**

1. You moved to a new area that is not covered by your plan.
2. Your plan does not cover services you need because of its moral or religious objections.
3. You need medical services related to (for example, a cesarean section and tubal ligation) to be performed at the same time; not all related services are available within the network; and the recipient's primary care provider or another provider determines that receiving the services separately would subject the recipient to unnecessary risk.
4. You use long-term services and support, and your care provider is no longer part of the plan’s network. If switching providers has disrupted your living or work situation, you may need to switch plans.
5. Other reasons include poor quality of care, lack of access to services covered under the contract, or lack of access to providers who are experienced in dealing with the recipients’ care needs.

Here is the [Managed Care Good Cause Disenrollment Form](#)

8. What if my doctor offers to send a form to change my health plan?

Your doctor cannot ask for the change. You must ask to switch plans.

9. What if I lose Medicaid and then get Medicaid back again?

If you lost Medicaid for 2 months or less, you’ll return to the same health plan you had before. If you were without Medicaid for more than 2 months, you can choose a new health plan, or Medicaid will pick one for you.

10. Can I refuse to be enrolled in a Medicaid managed care health plan?

You must be enrolled in a Medicaid managed care health plan to access your Medicaid coverage unless you qualify for **one** of the following groups:

- People with certain disabilities
- Youth in juvenile justice systems
- Katie Beckett members
- American Indians and Alaskan Natives
- People in home & community-based waivers
- Children in foster care
- Members 65 and older

11. Can I opt out of Open Enrollment?

If you are a current Medicaid managed care health plan member, you will stay with your current plan if you do not pick another plan during Open Enrollment.

12. What happens if I do not pick a health plan?

If you are signing up for Medicaid or Nevada Check Up, you can pick a plan, or we will pick one for you. You will have 90 days to switch to a different plan after you are assigned a plan.

13. What benefits do Medicaid health plans offer?

All health plans offer the same basic covered benefits, including physical and behavioral health services, transportation, and prescription medications. They also have different [free extra benefits](#) not typically covered by Medicaid. Links to these additional benefits are available on the web page at the QR code.



Free extra benefits

14. How do I know if my doctor is part of a health plan?

Ask your doctor which plan(s) they are with, or ask the health plans if your doctor is with their plan.

15. Will transportation be affected?

Rural members can contact their health plan to arrange travel for care-related purposes. Urban Washoe and Clark County residents, please continue to schedule with the Non-Emergency Transportation vendor, MTM, at (844) 879-7341.

16. Will dental coverage change?

No. Dental benefits for rural Nevadans will remain under a fee-for-service model in Medicaid. Urban areas will continue to receive benefits through Liberty Dental.

17. Will I get a new Medicaid ID Card?

Your new health plan may send an additional member card with instructions. Please do not throw away your Nevada Medicaid ID Card. It will always be valid even if you change health plans in the future. You should bring both cards to appointments.

18. How do I file a complaint?

Call your health plan for instructions. You can also find this information in the member handbook that was sent to you when you signed up for Medicaid. You can also [report recipient fraud](#) and [report provider fraud](#).

19. What happens if I move to another area of the state that my health plan doesn't serve?

Whenever you move, you **must** notify the Division of Social Services (DSS) of your address change within ten (10) days.

- You can use: dhcfp.nv.gov/UpdateMyaddress/.
- Log in to the Access NV web portal [AccessNevada.nv.gov/]
- Southern Nevadans can call (702) 486-1646 or walk in to an office: [DSS.nv.gov/Contact/Welfare_District_Offices-South/]
- Northern Nevadans can call (775) 684-7200 or walk in to an office [dwss.nv.gov/Contact/Welfare_District_Offices-North/]
- Call Toll Free: 1(800) 992-0900 or TTY 7-1-1.

20. Who should I contact if I have lost or have not received my cards?

If you have lost your Medicaid card or haven't received it, please call DSS using the phone numbers listed above. If you lost your health plan card or have questions about it, call your health plan. All health plans permit card printing and/or access on their portal, website, and App. You can also verify your eligibility by calling your plan provider.

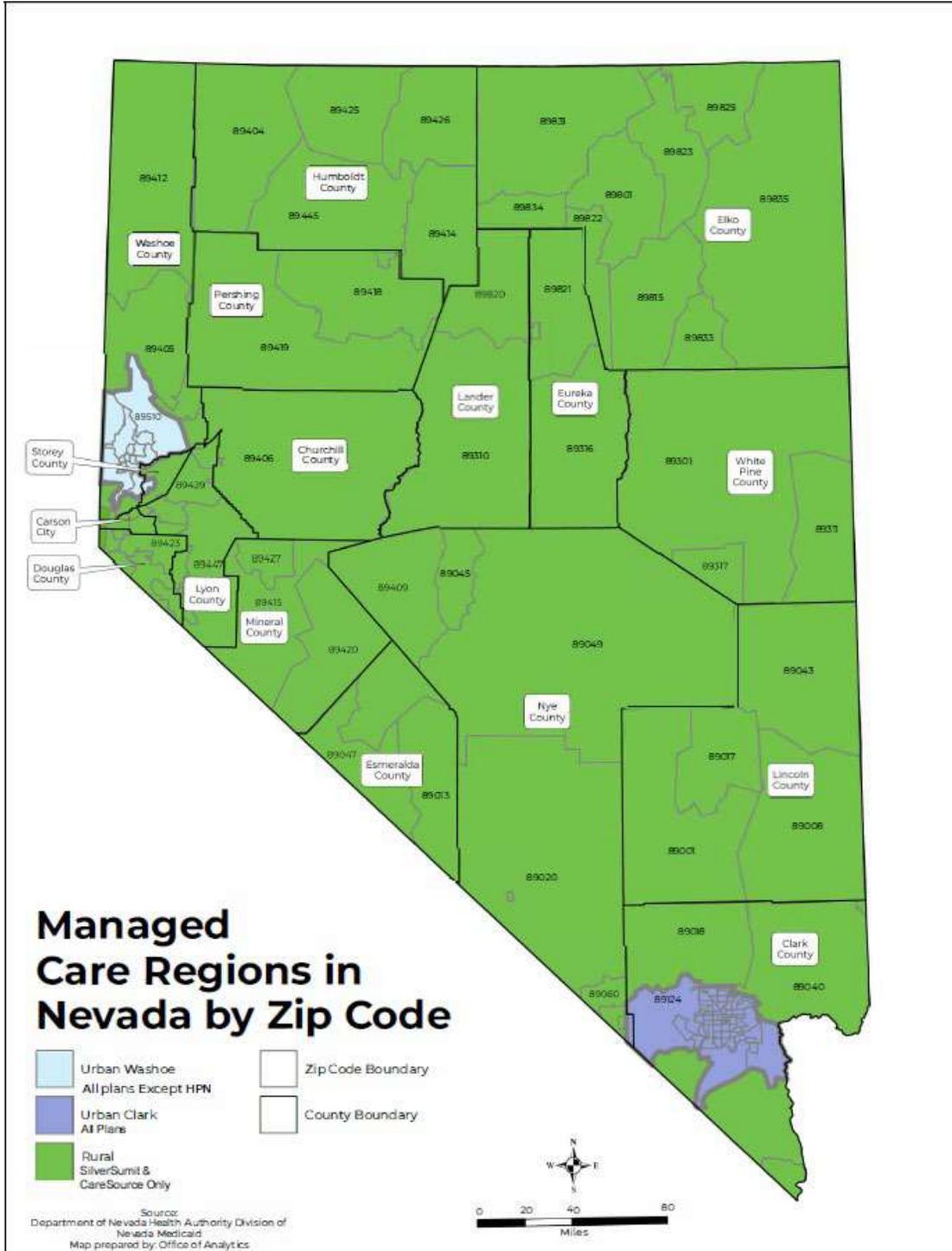
21. What if I have more questions?

Members, please look for answers to your questions first at Medicaid.NV.gov. If you still have questions, email us at Medicaid@nvha.nv.gov. For Medicaid eligibility, call the Division of Social Services at 1-800-992-0900. For all other Nevada Medicaid questions, call 702-668-4200 in southern Nevada. In northern Nevada, you can call 775-687-1900.

Providers with questions should write to StatewideMCO@nvha.nv.gov.

22. How will I know if I am in an urban or rural area?

This map shows which health plans are available in each county.



BIG CHANGES



are coming to rural Nevada Medicaid

Starting January 1, 2026, Nevada Medicaid is rolling out managed care with five health plans. Here are the plans to choose from in your area:

- All rural areas (including rural Washoe & Clark Counties): CareSource, SilverSummit.
- Urban Clark County: Anthem, CareSource, Health Plan of Nevada, Molina, SilverSummit.
- Urban Washoe County: Anthem, CareSource, Molina, SilverSummit.

Ask your doctors, providers, and pharmacies which plan(s) they are with.

These changes will improve health care in rural Nevada.

Members need to look for letters in the mail starting in October and update their address at

[AccessNevada.nv.gov](https://www.accessnevada.nv.gov).

Help spread the word so that members and providers know about the changes. Thank you!



Scan the QR for more info and tools to help you share.



Questions? Write to StatewideMCO@nvha.nv.gov



Medicaid Members: Update your address to keep your coverage.



Aug 2025

Notices are sent to you in the mail.

There are four easy ways to make sure your address is updated and correct.

1. FASTEST METHOD: THE WEB

dhcfnv.gov/UpdateMyAddress/



Simple web form to update your address!

OR

AccessNevada.nv.gov



Use your account to change address, go paperless and more

2. IN PERSON

Northern Offices

tinyurl.com/356w2mm6



Southern Offices

tinyurl.com/yymf6y736



3. MAIL, EMAIL, FAX THE PAPER FORM

Complete the form:
tinyurl.com/yc85w4ep



Send the form by email: Welfare@dwss.nv.gov, FAX: 702-486-1837 or
US mail: DSS, P.O. Box 15400 Las Vegas, NV 89114
or carry to any office listed in the instructions at number 2 above.

4. CALL

Please be prepared for extended wait times.

South: 702-486-1646 or North: 775-684-7200

For more information, write to: Welfare@dwss.nv.gov




YOUR HEALTH PLAN IS GETTING BETTER!

Questions?
Point your smartphone camera at the QR code to send an email.



IN JANUARY 2026, MOST MEDICAID MEMBERS LIVING IN RURAL NEVADA WILL HAVE MANAGED CARE

Staying healthy can feel like a sport.

Managed Care health plans are like a team of doctors, nurses, & coaches on your side. The health plans share the latest information with you to pick the best players (doctors and treatments). They also get advice from experts to make sure everything is done at the right time and place for the best outcome for your health. **You will have a big team to work with to keep you healthy and in the game.**

HOME RUN!

WHY is this good?



In a 2024 survey, Medicaid members asked for:

- more preventive health;
- easier appointments;
- more doctors & providers.

We Listened

Managed Care health plans will:

- Focus on preventive health by offering incentives for those services.
- Be held accountable for meeting appointment standards.
- Work to bring more rural doctors & providers.
- Offer free extra benefits.

WHAT do I need to do?

1. **Update** your address & watch the mail for more info in fall of 2025.
2. **Stay informed** with the NVMedicaid App.
3. **Learn more:** Website
4. **Contact** to ask questions: StatewideMCO@DHCFF.nv.gov




WHO will be affected?

Medicaid members except:

- children in foster care;
- youth in juvenile justice systems;
- people with certain disabilities;
- members 65 & older;
- people in Home & Community-Based Waiver programs;
- Katie Beckett members

1. Update your address → 2. Stay informed NVMedicaid App → 3. Learn more Statewide website → 4. Contact us with questions: StatewideMCO@NVHA.nv.gov

