

Molina Healthcare Specialized Provider Orientation

Plan Year 2026



Molina Vision, Mission and Values

Vision

We will distinguish ourselves as the most effective, low cost, reliable, community-based health plan delivering government-sponsored care.

Mission

Our mission is to go above and beyond in our service to our members while simplifying their healthcare and changing their lives.

Molina is committed to an accessible, dependable, quality, community-based experience that our peers champion and our member's trust.

Values

- Integrity Always
- Absolute Accountability
- Supportive Teamwork
- Honest and Open Communication
- Member and Community Focused



Who We Are



Located in Waltham, MA

Active since 2004

Plan President: William Graham

Chief Medical Officer: Christopher Post, MD

- Senior Whole Health, LLC is a Massachusetts-based health plan with national operations supporting members who reside in Massachusetts.
- Provider Network consisting of 26,000+ Providers and 70+ Hospitals, 22 Aging Service Access Points (ASAP), and 40 community-based organizations.
- Senior Leadership Team with over 30 years of experience within the Massachusetts Payer Space.
- Nurse Care Managers that reside within the communities and populations we serve.



Our Commitment to our Community



From January 2024 to December 2025:
Over 500 volunteer hours
160 community engagement events



Over 10,000 meals & goods donated



20 Non-profits supported in 2024
28 Non-profits supported in 2025



\$1,100,000 invested in the
community this year



Our Commitment to Quality

As one of the first Senior Care Option (SCO) plans in the Commonwealth, Senior Whole Health was founded in 2004 with the purpose of serving the unique needs of our dual-eligible members in their own homes and communities. Molina Healthcare is committed to maximizing the quality of life, health, security and independence of our culturally diverse Medicare and Medicaid members through collaboration with providers, community-based organizations, families and the members themselves.



Making sure our members receive quality health care is our number one priority.

Quality Program to continuously improve:

- Our services
- The quality of care for our members receive
- The way we communicate with our members

Healthcare Effectiveness Data and Information Set (HEDIS®)

- We use HEDIS each year to measure our quality of care – both clinical and non-clinical – and services



What We Can Provide

- Health Plan operations for clinical, quality, sales, network, contracting, and provider relations all based locally.
- Sales/Clinical teams support the languages our members speak.
- High Touch Care Management with access to community-based services.
- Products for eligible members includes:
 - ✓ Senior Whole Health SCO (HMO D-SNP)
 - ✓ Molina One Care



How We Impact Members

- Nurse Care Manager is assigned to every Molina member.
- Care Management is not outsourced.
- Molina offers a Complex Case Management program for eligible medically complex/high-risk members.
- Expanded benefits include:
 - ✓ Non-emergency medical transportation to and from medical appointments that is arranged through out Member Services department;*(refer to applicable plan benefits)
 - ✓ Wellness benefits through the Silver & Fit Fitness program
- Materials and Flyers branded in multiple languages for members in addition to complimentary Interpreter Services for providers.




Molina Member Snapshot

- The profile of an average Molina SCO member is a 77-year-old female with three (3) chronic care conditions and eleven (11) prescription medications.
- Less than 40% of Molina members speak English as their first language.
- Approximately 42% of our members are not literate in their primary language.
- Average income is <\$12,000/year with <\$2000 in assets
- SWH SCO has 100% of membership in case management
- Most common languages:
 - ✓ English 33%
 - ✓ Cantonese 12%
 - ✓ Spanish 12%
 - ✓ Vietnamese 10%
 - ✓ Taishanese 8%

Hypertension	77%
Cardiovascular Disease	51%
Diabetes Mellitus	43%
Hypertension and Diabetes	38%
SPMI	34%
Depression	29%
COPD	19%
Chronic Kidney Disease	19%
Dementia	17%
Congestive Heart Failure	16%

Massachusetts State Map

Service area and products

 **Service area for all plans (9):** Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

D-SNP plans:

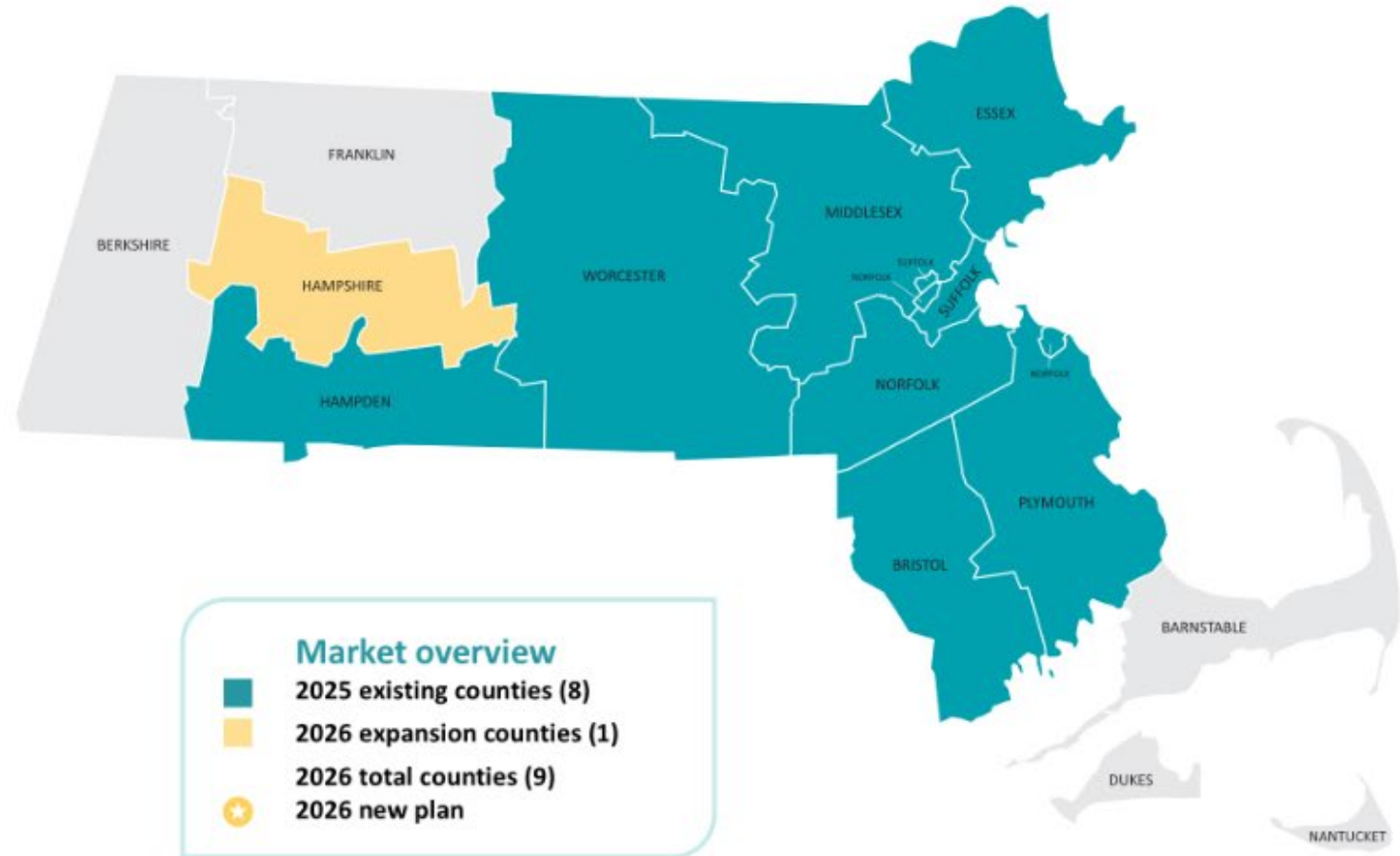
Senior Whole Health SCO (HMO D-SNP)
H2224-001-000 (FIDE)

Senior Whole Health SCO NHC (HMO D-SNP)
H2224-003-000 (FIDE)

Molina One Care (HMO D-SNP) 
H4371-001-000 (FIDE)

Please note:

- Same plans, just added "SCO" to the name for 2026 Senior Care Options



Product Offerings

Senior Whole Health SCO (HMO D-SNP)

This is Senior Whole Health's Medicare Advantage Dual Eligible Special Needs Plans (DSNP) that offer all services covered by Original Medicare Parts A and B, prescription drug coverage, home and community-based services and more. The plan is designed to provide quality health care coverage and services specifically for people who have Medicare and who also meet the qualifications for MassHealth Standard. Senior Whole Health coordinates the Member's Medicare, Medicaid and Medicare Part D Prescription Drug benefits as a single integrated benefit for all Members.

Molina One Care

Molina One Care new for 2026 is offered to individuals aged 21-64 who qualify for both Medicaid and Medicare offering coordinated care, dedicated case management and an expansive provider network.




Molina Healthcare: Massachusetts

Senior Whole Health SCO (HMO D-SNP) H2224-001-000(FIDE) Service Area (9): Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Senior Whole Health SCO NHC (HMO D-SNP) H2224-003-000 (FIDE) Service Area (9): Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester



Plan	Premium	PCP/Specialist	Prescriptions	Dental	Vision	Pre-Funded MyChoice Debit Card Benefits
Senior Whole Health SCO (HMO D-SNP) H2224-001-000 (FIDE)	\$0	\$0/\$0 copay	Deductible: \$0 Tier 1: \$0	Preventive & Comprehensive covered with no annual limit	Eye exam + set of glasses and lenses every year covered by MassHealth +\$200 for eyewear every year	\$150 a month in healthy food, OTC, and utilities*
Senior Whole Health SCO (HMO D-SNP) H2224-003-000 (FIDE)	\$0	\$0/\$0 copay	Deductible: \$0 Tier 1: \$0	Preventive & Comprehensive covered with no annual limit	Eye exam + set of glasses and lenses every year covered by MassHealth +\$200 for eyewear every year	\$150 a month in healthy food, OTC and utilities*

Key Selling Points	Acupuncture	Dental	Fitness	Healthy Food*	OTC	Utilities*	Transportation*	Vision	Worldwide Emergency
									
Senior Whole Health SCO (HMO D-SNP) H2224-001-000 (FIDE)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Senior Whole Health SCO (HMO D-SNP) H2224-003-000 (FIDE)	✓	✓	✓	✓	✓	✓	✓	✓	✓

*SSBCI benefit approval will be required prior to receiving the benefit



Choose Molina Healthcare for more benefits and savings.

Get up to \$1,800 yearly!

Use your pre-funded debit card to pay for covered benefits like:

- ✓ Over-the-counter items
- ✓ Groceries*
- ✓ Utilities*



Benefits-At-A-Glance Massachusetts	Senior Whole Health SCO (HMO DSNP) H2224-001 FIDE
Monthly Premium	\$0 monthly plan premium
Medical Copays	\$0 copay for primary care \$0 copay for specialist care
Dental	\$0 preventive and comprehensive dental services with no annual spend limit
Vision	\$200 for eyewear every year
Pre-funded Debit Card	\$150 monthly towards OTC, groceries* and utilities* (limits apply)
Fitness	No-cost access to 18,000+ fitness centers, plus a home fitness kit
Hearing	No-cost routine hearing exam + hearing aids covered by MassHealth (Medicaid)
Non-Medical Transportation*	80 one-way trips per year for non-medical transportation*
Prescription Deductible	As a Dual member you pay \$0 drug deductible
Prescription Copays	As a Dual member you pay \$0 drug copays
Worldwide Coverage	\$10,000 per year for worldwide emergency and urgent care

Molina One Care Benefits & Services

- ✓ **\$0 Copays**
- ✓ All **Part A** (hospitals), **Part B** (doctors), & **Part D** (prescriptions) coverage and all MassHealth services
- ✓ **Dental services:** routine cleanings, x-rays, fillings, dentures, crowns and root canals
- ✓ **Vision services:** exams, eyeglasses and contact lenses
- ✓ **Community support services:** learn skills to live independently and manage chronic conditions
- ✓ **Medical equipment:** supplies, replacement parts, training, modifications and repairs
- ✓ **Personal Care Plan:** get the care you need based on your specific health goals
- ✓ **Care Management:** one dedicated person to coordinate your care



Molina Healthcare: Healthy You Card



• **Over the counter (OTC):**

- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and dental care products
- And more

• **Utilities:**

- Electricity
- Natural gas
- Water

Healthy food allowance:

- Beverages
- Bread, grains and flour
- Baking and cooking mixes
- Processed cereal products
- Fruits and vegetables
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Nuts and seeds
- Prepared and preserved food

**SCO members receive card upon enrollment. One Care members receive card upon completion of qualifying activity.*



Disclaimer:

Molina offers a variety of Medicare Advantage plans, and **benefit details may vary by plan**. Certain benefits may differ in availability, delivery or eligibility criteria. Please refer to each plan's **evidence of coverage (EOC)** for complete details.

Molina Case Management

Our Commitment: Whole-Person, Member-Centered Care

- Every member is assigned a **dedicated Care Coordinator**
- Consistent, ongoing support throughout their membership.
- Integrated approach to care coordination.
- Focused on **member engagement, quality outcomes, and community alignment.**
- Flexible outreach involves connecting with members through phone calls, in-person meetings, or home visits based on individual needs.
- Collaborative planning means working closely with members, caregivers, and providers to develop and implement personalized care plans.
- Nurse case managers partner with providers to identify challenges and proactively address barriers to care.
- One Care members work with a Care Team (Care Coordinator, PCP, BH, Independent Living) focusing on disability support and independent living while SCO members work with a Primary Care Team (PCP, NCM, GSSC, Specialists) to focus on geriatric/aging.

Behavioral Health

Molina's Behavioral Health program promotes the provision of **quality services** across a **continuum of care** that coordinates **both** physical and behavioral health services in meeting **individual member needs**. Individual member focus with **sensitivity to personal treatment requests and goals** is emphasized. The flexibility to adapt to changing member, community and provider needs is seen as necessary for ongoing program success.



NON-DELEGATED

Molina does not outsource BH to an outside entity



WHOLE-PERSON CARE

Molina supports a person-centered, evidence-based, trauma-focused and recovery-oriented model



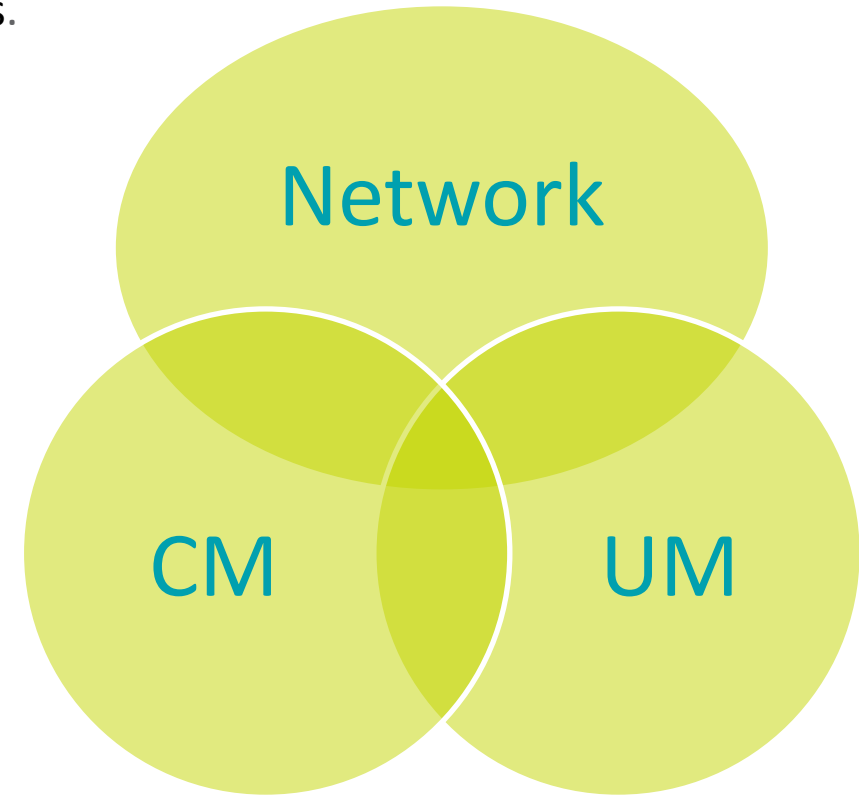
CARE MODELS

Through CM, Molina offers SMI and SUD Care Models to support members with BH conditions



INTEGRATED PRINCIPLES

- Early intervention
- Evidence-based
- Seamless transition
- Recovery-oriented framework
- Innovation/Technology



Molina offers providers free learning materials and continuing education credits through PsychHub, visit resources.psychhub.com/molina for more information.

ASAP Overview

Molina partners with 22 ASAP's (Aging Services Access Points) throughout the commonwealth to provide services to members. Geriatric Support Service Coordinators (GSSC) work with the ASAP's to coordinate member care.

ASAPs help members with the following services:

- Information and referral
- Interdisciplinary case management
- Intake and assessment
- Development and implementation of service plans
- Monitoring of service plans
- Reassessment of needs
- Investigations of abuse and neglect of others

ASAP NAME	ASAP NAME
Access Care Partners Inc.	Central Boston Elder Services
Agespan	Coastline Elderly Services, Inc.
Aging Services of North Central Massachusetts, Inc.	Elder Services of Worcester
Boston Senior Home Care	Greater Springfield Senior Services
Bristol Aging & Wellness, Inc.	Hessco Elder Services
Ethos	Highland Valley Elder Services, Inc.
Greater Lynn Senior Services	Minuteman Senior Services
Lifepath, Inc.	Old Colony Elder Services
Mystic Valley Elder Services	South Shore Elder Services, Inc.
Seniorcare, Inc.	Springwell Inc.
Somerville Cambridge Elder Services	Tri-Valley Inc.

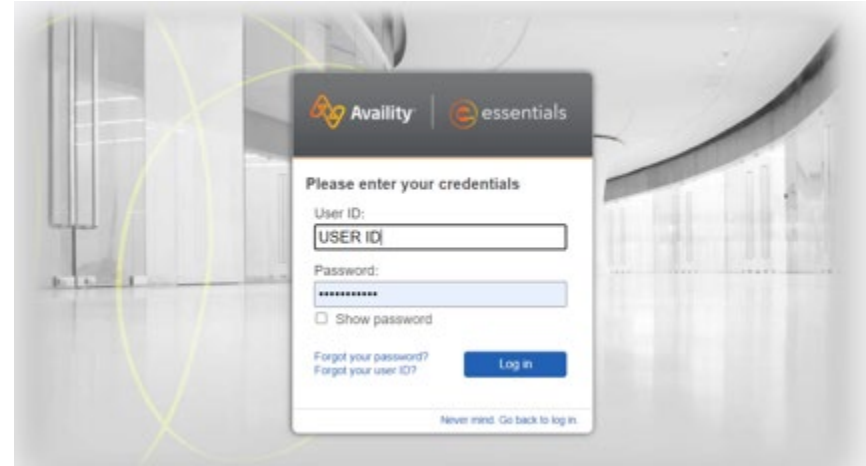
Dedicated Molina Account Manager for each ASAP by county



Availity Essentials Provider Portal

Molina utilizes the Availity Provider Portal for providers to:

- Verify benefits and eligibility
- Submit claims / view claim status
- Submit Authorizations
- Appeal/Reconsider Claims
- Upload supporting documentation for claims
- Submit HEDIS documentation
- View Member's Care Plan including ICP (using the Care Coordination Portlet in MA Payer Space)



We continue to expand these offerings and will communicate any additional services as they become available

- To register for an account on the Availity Provider Portal, please visit:

[Availity Registration](#)

Additional information on Availity including upcoming trainings can be found on the [Molina website](#).

Availity Essentials Portal

The Availity Essentials Provider Portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

Online Claim Submission	Claims Status Inquiry	Corrected Claims	
Member Eligibility Verification and Benefits		Secure Messaging	
Check Status of Claim Dispute			
	Manage Overpayment Request	Healthcare Effectiveness Data and Information Set (HEDIS®)	
	Claim Appeal/ Reconsideration Requests		Care Coordination Portal
	Remittance Viewer	View PCP Member Roster	Submit and Check Status of PA Requests

Provider Training

Provider Training

Your agreement with Molina Healthcare may include required or recommended trainings

Access the **dedicated provider training page** for details

Additional trainings including cultural competency may be available within the Molina provider portal

Provider Responsibilities

Recruit, train, and manage qualified staff (PCPs, Behavioral Health Providers, Care Coordinators, LTS Coordinators)

Maintain staffing levels to meet contract requirements



Ensure ICT members complete training on:

- Person-centered planning
- Cultural competence (additionally disability cultural competence)
- Accessibility and accommodations
- Independent living, recovery, and wellness principles

*As necessary please complete group/provider attestations.



Claims Submission

- We recommend that you submit claims through the Electronic Data Interchange (EDI) for efficient processing and payment. We work with multiple clearinghouses including SSI Claimsnet and claims may also be submitted utilizing Availity. 
- Molina has partnered with ECHO Health, Inc. (ECHO), for payment delivery and 835 processing. To register for the ECHO platform please see the [Claims & Authorizations](#) section on our website. This page includes information on electronic claims submissions, FAQs, and registration information. 
- Electronic Payer ID-**SWHMA**

Molina Provider Website



Please visit our website at:

molinahealthcare.com/providers/ma/swh/home.aspx

What Can be Found:

- Important Communications
- Valuable Resources
- Provider Forms
- Contact Information
- Payment Integrity Policies
- Dedicated Quality Section
- Clinical and Preventive Health Guidelines
- Behavioral Health Toolkit
- MOC Annual Training
- Availity Materials

Provider Directory and Updates

IMPORTANT

- It is important to Molina and your patients that your provider directory demographics are accurate. Please visit our [Provider Online Directory](#) to validate your information and notify us if there are any updates.

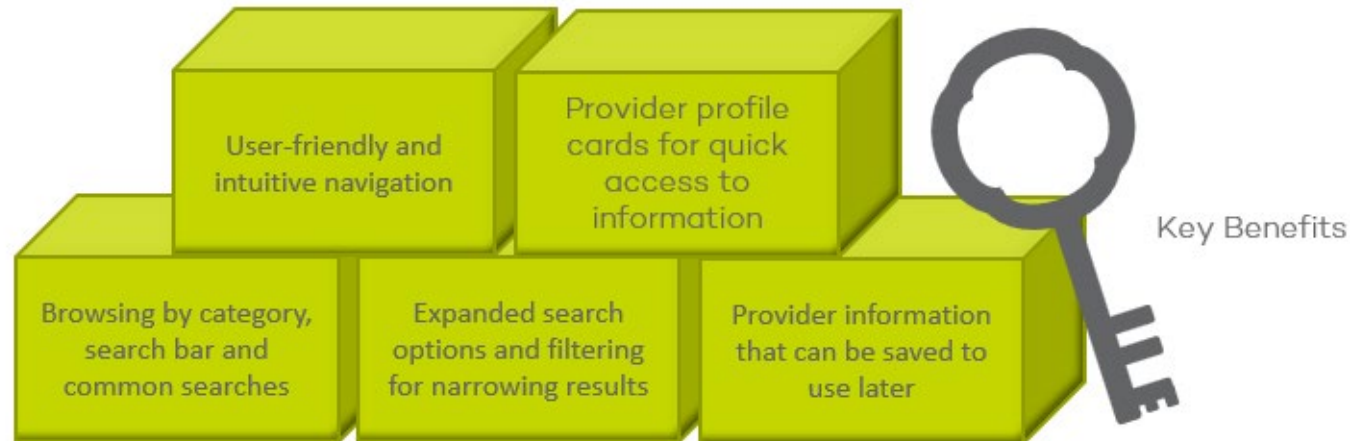
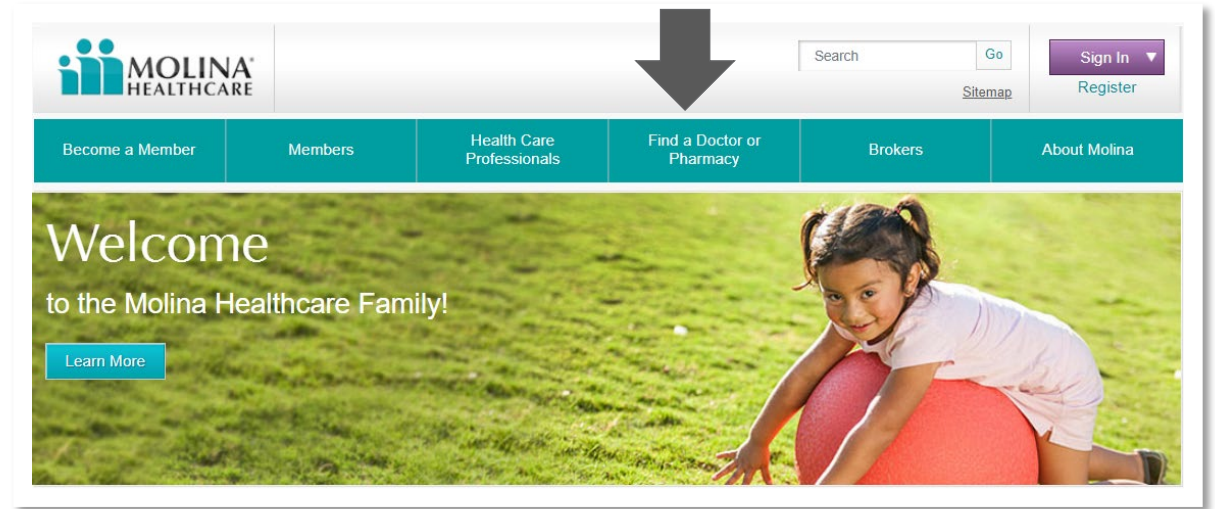
The screenshot shows the Molina Healthcare Provider Directory website. At the top right, there are dropdown menus for 'Plan/Program' (Senior Whole Health Senior Care Options (SCO)...) and 'City & State, County or Zip' (Boston, MA - 02108). The main heading reads 'Good Afternoon! Browse or search to find the care you need.' Below this is a search bar with the placeholder text 'Search for Care by Specialty, Name, NPI or Keyword'. Underneath the search bar, there are 'Common Searches' with dropdown menus for 'Primary Care', 'Behavioral/Mental Health', 'Virtual Care', 'Urgent Care Center', and 'Hospitals'. The 'Browse by Category' section features a grid of eight categories, each with an icon and a right-pointing arrow: 'Medical Care' (ambulance icon), 'Behavioral Health Including Mental Health' (head with brain icon), 'Labs, Imaging and Other Testing' (microscope icon), 'Urgent and Convenient Care' (ambulance icon), 'Hospitals and Other Facilities' (hospital icon), 'Medical Equipment and Supplies' (stethoscope icon), and 'All Categories' (arrow icon). A small text block under 'Browse by Category' says: 'Find the provider you need. Just search by using the care categories shown here.'

Provider Online Directory

The Molina Provider Online Directory offers enhanced search functionality, so information is available quickly and easily.

Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.

To find a Molina provider, click "Find a Doctor or Pharmacy"



Reminder: Members should be referred to participating providers.



Provider Data Accuracy

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA)-required element.



Providers may update provider data through [CAQH Direct Assure](#) or by submitting a [PIF form](#) to Molina. If you choose to close your panel to new members, you must give Molina 30 days' advance written notice.

Important Reminders:

- Providers must validate their information at least quarterly for correctness and completeness.
- Notice of changes must be made at least 30 days in advance of any of the following:
- Change in office location, office hours, phone, fax, or email
- Addition or closure of an office location
- Addition or termination of a provider
- Change in Practice Name, Tax ID and/or National Provider Identifier (NPI)
- Open or close your practice to new patients (PCP only)
- Any MassHealth specific updates (provider type, PIDSL, etc.)

CAQH

CAQH for Participating Providers

- Go to your CAQH Provider Directory Snapshot at [CAQH ProView - Sign In](#)
- Update provider data elements as necessary and attest to the accuracy
- When updating your CAQH profile, it is important to select “Global” for your access to ensure SWH can review these changes to your data.
- For questions about CAQH, please contact CAQH directly at **888-599-1771**. Chat support is also available.
- [CAQH Provider Data Portal for Practice Managers User Guide](#)
- Your **CAQH (Council for Affordable Quality Healthcare)** profile provides Molina with important information on you and your practice, including whether you are currently accepting new patients, demographic information (such as languages other than English that are spoken in your practice).
- To ensure you stay compliant, we recommend updating your profile on a quarterly basis. You may access your CAQH profile at [CAQH ProView - Sign In](#)
- If you are with a Group Practice, you can also request Add/Changes by completing the [Provider Information Update Form](#).



Hospitals and DPH Licensed Facilities

To make changes below please utilize the [Provider Information Update Form](#).

ACTION	YOU WILL NEED TO COMPLETE THE SECTIONS IDENTIFIED BELOW ON THE PROVIDER INFORMATION UPDATE FORM (PIF) AND ANY ADDITIONAL DOCUMENTS LISTED. ALL DOCUMENTS MUST BE COMPLETED AND RETURNED
Add a Provider to the group	<ul style="list-style-type: none"> • PIF – Complete Section A, Section N* and Section O • * Section N can be copied when adding multiple providers • Attachment A (Primary Care Providers, Specialists and Ancillary Providers) • Attachment B (Hospital Services) • CAQH (if applicable) <p>Submit these changes to SWHCredentialing@MolinaHealthCare.Com</p>
Individual: Change or add a service location	<ul style="list-style-type: none"> • PIF – Complete Section A, Section H and Section O • Attachment A (Primary Care Providers, Specialists and Ancillary Providers) • Attachment B (Hospital Services)
Change Phone/Fax	<ul style="list-style-type: none"> • PIF – Complete Section A, Section F and Section O
Change the Pay-To/ Billing Address	<ul style="list-style-type: none"> • PIF – Complete Section A and Section I • W-9 • Sample Claim Form (de-identified)
Group: Change or add a service location	<ul style="list-style-type: none"> • PIF – Complete Section A, Section G and Section O • Attachment A (Primary Care Providers, Specialists and Ancillary Providers) • Attachment B (Hospital Services) • ADA Attestation Form

Provider Manual

PROVIDER MANUAL

(Provider Handbook)

Senior Whole Health, LLC dba Molina Healthcare

(Molina Healthcare or Molina)

Senior Care Options (SCO) and Medicare
Advantage

2026

Here are some key items that can be found in our Provider Manual:

- Compliance/Anti-Fraud Hotline
- Credentialing Department
- Nurse Advice Line
- Quality Programs
- Continuity of Care and Transition of Members
- Electronic Claims Submission Requirement
- Advance Directives

The Molina Provider Manual can be found [here](#)



Provider Manual Highlights

The Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

Benefits and Covered Services	Member Rights and Responsibilities
Claims and Compensation	Preventive Health Guidelines
Member Appeals and Grievances	Quality Improvement
Credentialing and Recredentialing	Transportation Services
Delegation Oversight	Referral and Authorizations
Enrollment and Disenrollment	Provider Responsibilities
Eligibility	Pharmacy
Health Care Services	Address and Phone Numbers
Interpreter Services	Provider Data Accuracy
HIPAA	Long-Term Services and Supports

Access to Care Standards

Molina maintains access to care standards and processes for ongoing monitoring of access to health care provided by contracted PCPs and Specialists.

Providers may not discriminate against any member on the basis of any of the following:

- Gender Identity or Sex Stereotyping
- Socioeconomic Status
- Pregnancy
- Religion
- Health Status, Status as Recipient of Medicaid Benefits, or Need for Health Services
- Physical, Mental, or Sensory Disability
- National Origin or Ancestry
- Marital Status
- Military Status
- Sex or Sexual Orientation
- Place of Residence
- Age, Race, Creed, Color, or Genetic Information
- Medical (physical or mental) condition, or the expectation of frequent or high-cost care



Model of Care Training

- Molina is required to provide annual training regarding our Model of Care program for SNP enrollees. The Model of Care is the foundation for SWH care management policy, procedures, and operational systems for our SNP population.
- To ensure that Molina remains compliant with Centers for Medicare and Medicaid (CMS) regulatory requirements for Model of Care training, receipt of a completed Attestation Form is due to Molina by the end of the current year.
- This is required for all Molina's PCP's and top three specialists identified (cardiology, hematology/oncology, neurology)

What you need to do

1. Take the Model of Care Training. Written training materials on the Molina Healthcare Model of Care can be found on the SWH website at: <https://www.molinahealthcare.com/providers/ma/swh/resources/-/media/Molina/PublicWebsite/PDF/Providers/ma/materials/model-of-care-Provider-Training>
2. Complete and sign the Model of Care Training Attestation form ([Attestation Form](#)) Note: If one Attestation form is being returned for a group or clinic, it must be signed by an individual with the authority to sign on behalf of the group/clinic and an attendance roster indicating which providers completed the training must be attached. A copy of the Model of Care Training Attestation form is available via a link at the end of the Model of Care Training Deck, or it is available on the Molina MA provider webpage.
3. Return Attestation Form to SWH via the automated submit button on the form, or via email at: SWHProviderRelations@molinahealthcare.com



Care Management

Our Care Management team guides members through the healthcare system by working together on their health goals, closing care gaps, coordinating among multiple providers, helping with benefit coordination, and connecting them with necessary community resources.

- Promotes the integration of services for members, including behavioral health care and long-term services and supports, to improve the continuity of care.
- Assesses for barriers to care, offers care coordination, and assists members in addressing their concerns.
- Conducts telephonic, face-to-face or home visits as required.
- Collaborates with the member, caregiver, physician, and other healthcare professionals to develop and execute a personalized care management plan that addresses the member's unique needs and goals.
- Monitors the care plan regularly, tracking progress, documenting interventions, and adjusting as needed to ensure effective goal achievement and optimal outcomes.
- Coordinate moving from one healthcare setting to another for example: hospital discharge.
- Secure resources to help members with special health care needs.



Care Management, continued

Referrals to Care Management may be made by the following entities

- Member or Member's designated representative (s)
- Member's Primary Care Provider
- Specialists
- Hospital Staff
- Home Health Staff
- Senior Whole Health Staff

Our care team is available to assist our Providers or the Members with care coordination. For Members undergoing transitions in health care settings, facility staff (hospital, SNF, home health, etc.) may also be involved in making recommendations or assisting with access to needed services.

The role of the Case Manager includes referral to, assessment of and coordination of appropriate resources and support services, including but not limited to Long-Term Services and Supports (LTSS).

For SCO members every member has case management.

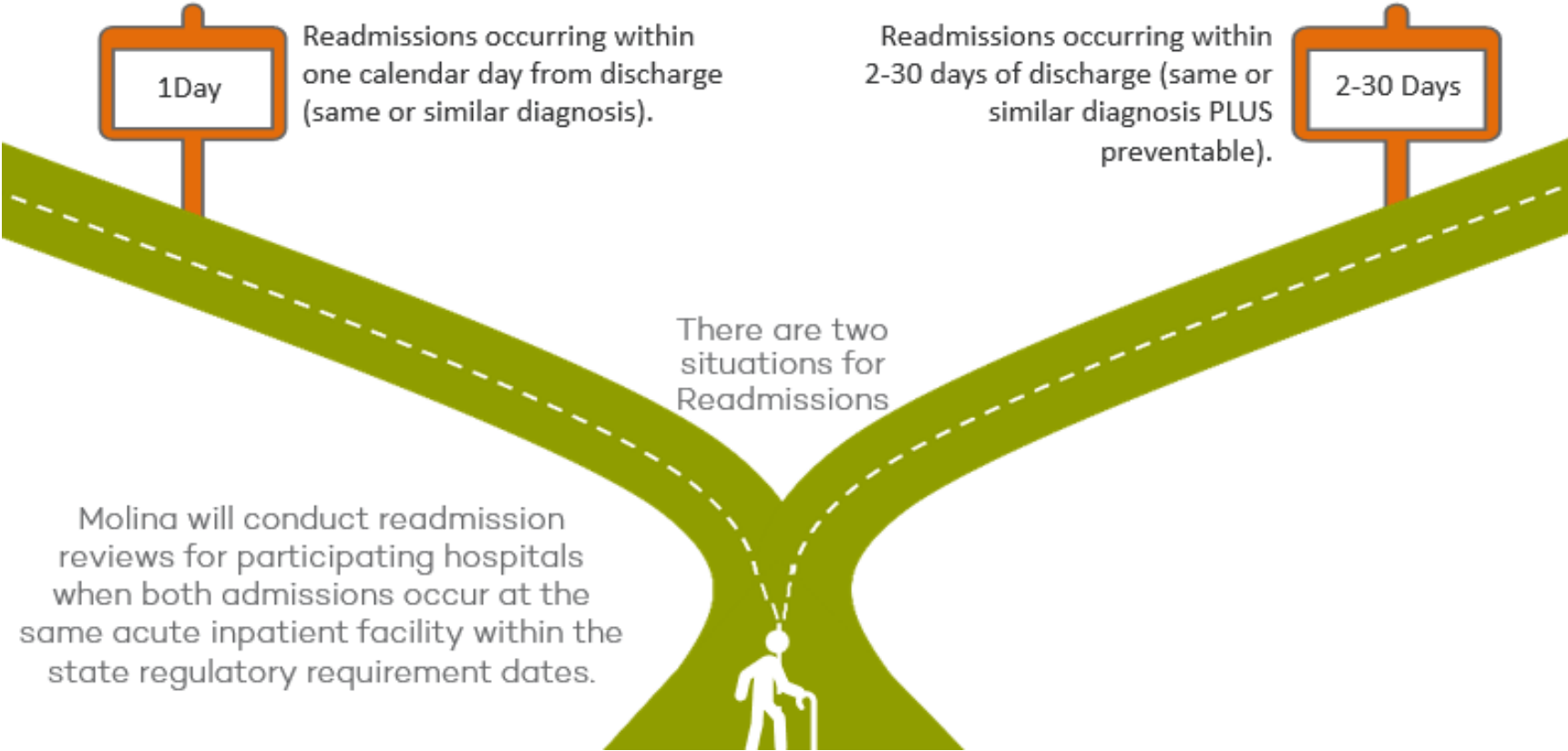


Discharge planning

- The goal of discharge planning is to initiate cost-effective, quality-driven treatment interventions for post-hospital care at the earliest point in the admission.
- Molina Utilization Management staff communicate with hospital discharge planners to determine the most appropriate discharge setting for our members.
- The clinical staff review medical necessity and appropriateness for home health, infusion therapy, durable medical equipment (DME), skilled nursing facility and rehabilitative services.

Readmissions

Readmission review is an important part of Molina's Quality Improvement Program to ensure that Molina members are receiving hospital care that is compliant with nationally recognized guidelines as well as federal and state regulations.



Readmissions, Continued

One Calendar Day

When a subsequent admission to the same facility with the same or similar diagnosis occurs within one calendar day of discharge, the hospital will be informed that the readmission should be combined with the initial admission and will be processed as a continued stay.

2-30 Days

When a subsequent admission to the same facility occurs within 2-30 days of discharge, if it is determined that the readmission is related to the first admission (readmission), or if it is determined to be preventable, then a single payment may be considered as payment in full for both the first and subsequent hospital admissions.

Provider can dispute with supporting documentation if they believe the readmission is unrelated or unpreventable based on published guidelines.



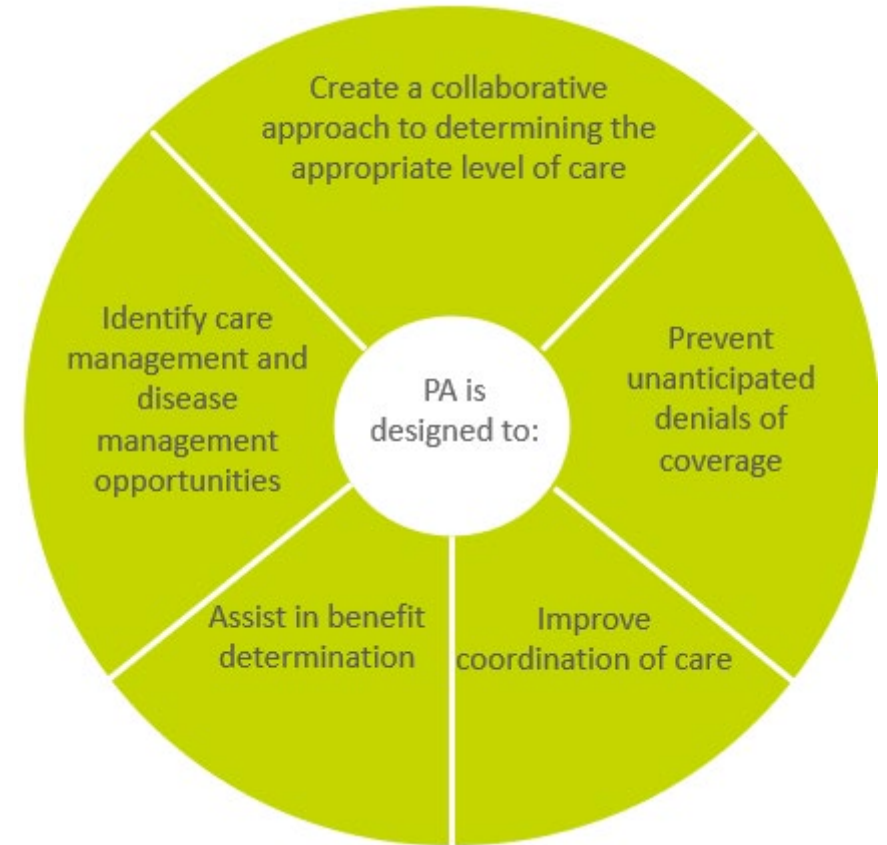
For additional information see the [Readmission Payment Policy](#) on the Provider Website.

Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the SWH PA Code List are evaluated by licensed nurses and trained staff. The PA Code LookUp Tool can be found in the middle of the Molina Provider [page](#). Please note that Prior Authorization requirements for dual-eligible members (Medicare and Medicaid beneficiaries) should be evaluated at the individual line of business.

Need a Prior Authorization?

[Code LookUp Tool](#)



Prior Authorization Requirements

Molina requires prior authorization for all elective/scheduled inpatient admissions and procedures to any inpatient facility (i.e., including hospitals, SNFs and other inpatient settings). Contracted SNFs, long-term acute care hospitals (LTACHs), and acute inpatient rehabilitation (AIR) facilities/units must obtain prior authorization before admitting the Member. Inpatient facilities are also required to notify Senior Whole Health of the admission within 24 hours or by the following business day or as otherwise specified in the relevant Provider Agreement with Senior Whole Health. Inpatient notifications must be submitted by fax. Prior authorization is not required for an observation level of care.

Continued stay must be supported by the clinical documentation supporting the level of care. Failure to obtain prior authorization, to provide timely notice of admission, or to support the level of care may result in denial with Provider liability. Members cannot be held liable for failure of a contracted Provider to the terms of the relevant Provider Agreement with SWH or the Provider Manual.

For LTSS Providers requirements include items such as MDS, updated care plan, physician summary order form and AFC level 1 or 2 request.



Prior Authorizations through Availity

Providers must submit and manage authorizations through Availity. Recorded Webinar [here](#) (must be logged into [Availity](#)). LTSS and SNF Custodial Care will continue submitting through their current process.

- **Authorization Request:** Use an easy 5-step guided form to request an inpatient or outpatient Authorization. Verify if authorization is required using the built-in Prior Authorization Lookup Tool. Create templates for your common request types to populate information in your request automatically.
- **Authorization Inquiry:** You can view the results of authorization requests submitted outside of Availity Essentials or inquire about the status of an authorization request submitted by another organization.
- **Authorization Dashboard:** Check the status of all your authorization requests and inquiries from one central location. View results based on your preferences with robust filtering and sorting options. Rest assured, any incomplete authorization requests are automatically saved in the drafts tab to resume and submit later.

Prior Authorization, continued

FAX

- Outpatient Authorization: (844) 251-1451
- Inpatient/SNF Authorization: (844) 834-2152
- Post Acute Admission (SNF, LTAC, and AIR): (833) 912-4454
- Nursing Facility Custodial Authorization: (844) 251-1451
- Advanced Imaging: (877) 731-7218
- Pharmacy Part D: (866) 290-1309
- Pharmacy Part B (J-Codes): (800) 391-6437
- LTSS Services: (844) 236-1254
- (any AFCs/GAFCs and ADHs can reach out with questions to swhmagafc_afc_adh@molinahealthcare.com)

Molina Vendors

- [DentaQuest](#): (800) 341-8478
- [VSP \(Vision\)](#): (800) 877-7195
- [Integra Partners \(DME\)](#): (888) 729-8818
- [ModivCare \(Transportation\)](#): (844) 544-1391
- [Silver & Fit \(Fitness\)](#): (877) 427-4788



Balance Billing

Pursuant to law and CMS guidance, Members who are dual-eligible for Medicare and Medicaid and classified as Qualified Medicare Beneficiaries (QMB) shall not be held liable for Medicare Part A and B cost sharing when the State or another payor is responsible for paying such amounts. The Provider is responsible for verifying eligibility and obtaining approval for those services that require prior authorization including verifying the auth requirements for the proper line (s) of business.

Providers agree that under no circumstance shall a Member be liable to the Provider for any sums that are the legal obligation of Senior Whole Health to the Provider. Balance billing a Member for covered services is prohibited, except for the Member's applicable copayment, coinsurance and deductible amounts.

DME Vendor Communication Pathways

Molina obtains all the clinical information needed for the item prior to sending the order to the vendor including the script and necessary clinicals.

**Provider Relations
Account Manager**
(Claims, Billing, Availity)

PR Manager by County

SWHProviderRelations@MolinaHealthCare.Com

**Clinical Leadership
Liaisons**
(unresolved clinical communication/questions)

Nikita Schio & Christina Felaccio, RN

SWHMAclinicialiaisons@molinahealthcare.com

DME Coordinators
(order questions)

Melissa Andrade & Catia Tavares

SWHDMECoordinators@molinahealthcare.com

Fax#: 833-616-6030

Utilization Management
(prior authorization requests)

Fax#: 844-251-1451

Paperwork Requirement-Adult Day Health:

- Standard Prior Authorization Form (Be sure to confirm if request is for Basic or Complex level of care and how many days member would like to attend)
- PCP Order Form (completed within 90 days)
- Most updated MDS
- Most updated Care Plan

Fax to: (844)-236-1254

Paperwork Requirement-Group Adult Foster Care:

- Most updated Care Plan (if care plan has not been completed, we will accept the interim care plan)
- Physician Summary Form or Physician Order Form (completed within 90 days)
- Most updated MDS
- Renewals: Health Status Report

Fax to: (844)-236-1254



Paperwork Requirement-Adult Foster Care:

- Most updated Care Plan (if care plan has not been completed, we will accept the interim care plan)
- Physician Summary Form or Physician Order Form (completed within 90 days)
- Most updated MDS

Fax to: (844)-236-1254

Molina Provider Relations

Satisfaction

- Provider Relations Representatives and Engagement Teams
- Annual Assessment of Provider Satisfaction
- Standalone Satisfaction Surveys

Communication

- Provider Newsletters
- Online Provider Manuals
- Online Trainings, Health Resources and Provider Resource Guides
- Secure Messaging on the Availity Essentials Portal

Technology

- 24-hour Provider Portal
- Online Prior Authorization and Claim Dispute Submission
- Supplemental Prior Authorization (PA) Lookup Tool on Provider Portal and Provider Website
- MCG Auto-Authorization for Advanced Imaging PA Submission
- Availity Essentials Overpayments

Provider Resources/Engagement

Telephone: Molina Provider Service Center-  (855) 838-7999

Email:  SWHProviderRelations@MolinaHealthCare.com

Dedicated Account Manager: Assigned by County/Provider Specialty

Provider Website: <https://www.molinahealthcare.com/providers/ma/swh/home.aspx>

Molina has developed an online subscription service for providers to automatically receive our critical updates directly to your inbox. These important updates will include quarterly provider newsletters, operational updates, claims and pre-authorization information. If you are interested in signing up, please visit our website at <https://www.molinahealthcare.com/providers/ma/swh/resources/comm.aspx>.



Questions



Thank
You



YOUR
VOICE
MATTERS!

Questions



Open Discussion



Thank you for participating in today's meeting!



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