

Senior Whole Health Specialized Provider Orientation

Plan Year 2025

SWH 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.

Senior Whole Health 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 (“SWH”) is a Massachusetts-based health plan with national operations supporting members who reside in Massachusetts.
- Current membership of 12,742.
- Provider Network consisting of 25,000+ 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.

20 Year Anniversary

SWH has been delivering health care in the Massachusetts since 2004 and recently celebrated a special anniversary. The Senior Whole Health team was in the community to celebrate, helping Easterseals clean up and organize The Bridge Center to better serve Bay Staters with disabilities. As part of our 20th Anniversary Celebration, 30 Senior Whole Health team members joined in for a day of fun, food and community. Thank you to the Easterseals team for hosting us!



Our Commitment to our Community

- Senior Whole Health announced a \$300,000 investment to expand the reach of Hebrew SeniorLife's evidence-based Right Care, Right Place, Right Time (R3) program. A study evaluating seniors living in sites with the R3 model found it led to overall improved resident well-being and decreases in costs, including fewer emergency department visits, hospitalizations and readmissions
- Senior Whole Health teamed up with The Greater Boston Food Bank (GBFB) and WCVB Channel 5 Boston for the 6th Annual Day of Giving fundraiser! Together, we raised funds to address food insecurity throughout the Commonwealth including presenting a separate \$10,000 donation. According to GBFB's latest report, 1 in 5 seniors are experiencing food insecurity in the Bay State – underscoring the importance of this year's fundraiser.
- Senior Whole Health was honored to participate in the Alzheimer's Association's Annual Walk to end Alzheimer's in Fall River. We were thrilled to offer refreshments and connect with the community while supporting critical research and prevention efforts.

Giving and volunteering



125

Total hours
volunteered



\$300K

invested in the
R3 program



16,600

Meals packed



Senior Whole Health
BY MOLINA HEALTHCARE

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. Senior Whole Health 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 Care Option (SCO)
 - ✓ Dual Eligible D-SNP
 - ✓ *One Care to be offered in 2026



How We Impact Members

- Nurse Care Manager is assigned to every SWH member.
- Care Management is not outsourced.
- SWH 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;
 - ✓ 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.

SWH Member Snapshot

- The profile of an average SWH SCO member is a 77-year-old female with three (3) chronic care conditions and eleven (11) prescription medications.
- Less than 40% of SWH 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%

Provider Network Map

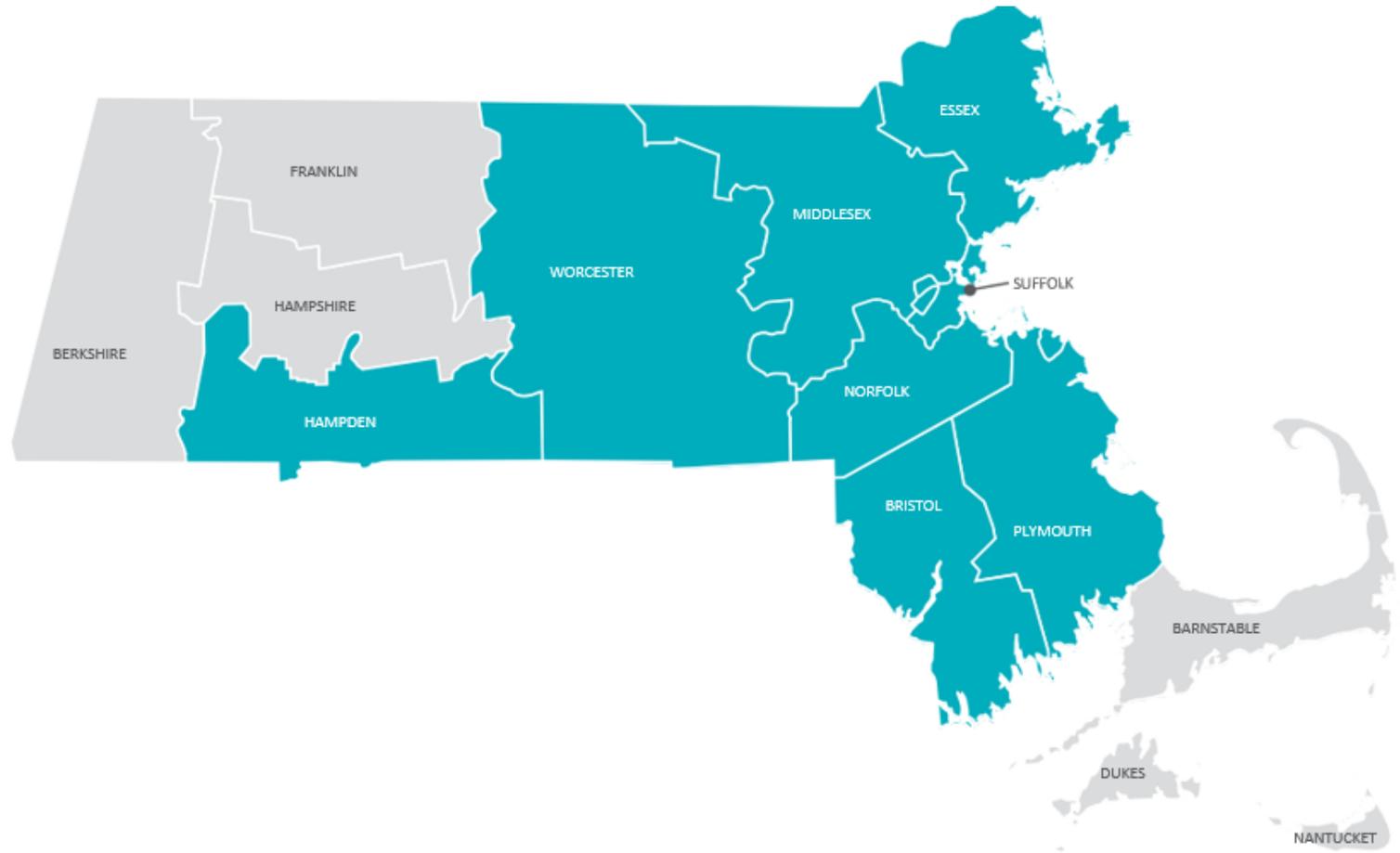
Massachusetts

D-SNP Plans

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

Senior Whole Health
(HMO D-SNP) H2224-003 (FIDE)*

Service area (8): Bristol, Essex, Hampden,
Middlesex, Norfolk, Plymouth, Suffolk,
Worcester



*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

Product Offerings

Senior Whole Health (HMO D-SNP) and Senior Whole Health NHC (HMO D-SNP)

These are 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. All Members enrolled in our Dual Eligible Special Needs plan are also enrolled in our Senior Care Options (SCO) Medicaid plan. Senior Whole Health coordinates the Member's Medicare, Medicaid and Medicare Part D Prescription Drug benefits as a single integrated benefit for all Members.

Senior Care Options Plan (SCO)

Senior Whole Health enrolls individuals who do not qualify for Medicare into the SCO plan. Members in this plan receive the same comprehensive benefits as the Members in our DSNP's. The plan is designed to provide quality healthcare coverage and services and coordinates all Member benefits.



2025 Benefits at a Glance-SCO/Duals

Updated Benefits at a Glance

- Dental benefits expanded
- Vision includes MassHealth amount
- Transportation now includes 80 one-way trips for non-medical transportation

Choose Senior Whole Health for more benefits and savings.

With Senior Whole Health, you get more than just Medicaid with our Medicare Advantage plan. More benefits, more savings, more value.

Get \$1,440 every year!

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

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



Benefits-at-a-Glance Massachusetts	Senior Whole Health (HMO DSNP) H2224-001 and H2224-003
Monthly Premium	\$0 monthly plan premium
Medical Copays	\$0 copay for primary care \$0 copay for specialist care
Dental	X-rays, exams, cleanings, crowns, fillings, dentures, oral surgery including extractions and up to 4 dental implants per year covered by MassHealth (Medicaid)
Vision	Eye exam + set of glasses and lenses every year covered by MassHealth + \$200 for eyewear every year
OTC Items	\$75 every month for over-the-counter items
Fitness	No-cost access to 16,000+ fitness centers, plus a home fitness kit
Groceries*	\$45 per month for groceries*
Transportation	\$0 copays for trips to doctor visits, the pharmacy and more + 80 one-way trips for non-medical transportation covered by MassHealth
Utilities Reimbursement*	Get reimbursed \$100 every 3 months for utilities: electric, gas & water
Prescription Drugs	\$0 copays and \$0 deductible

2025 Benefit Information

Plan Name	Senior Whole Health (HMO D-SNP)	Senior Whole Health NHC (HMO D-SNP)
Plan ID and Eligibility	H2224-001-000 (FBDE, SLMB+, QMB+)	H2224-003-000 (FBDE, SLMB+, QMB+)
Service area	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$0
Inpatient Acute	\$0	\$0
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$9,350	\$9,350
Extra Benefits		
Acupuncture	40 visits/year	
Chiropractic*	20 visits/year (musculoskeletal conditions only, covers some X-rays)*	
Dental*	Get preventive dental care and select comprehensive care*	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing*	Routine hearing exam and 1 hearing aid/ear every 5 years*	
Meals*	Unlimited for those that qualify*	
Non-Emergency Medical Transportation*	80 one-way trips/year (Medicare) used first; once exhausted Unlimited (Medicaid)*	
Personal Emergency Response System (PERS+)*	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7)*	
Podiatry*	Coverage includes podiatry office visits, x-rays & surgery, and routine foot care for members with certain medical conditions affecting the lower limbs*	
Vision	Routine eye exam/year & \$200 eyewear allowance/year	
Utilities Reimbursement (SSBCI)	Up to \$100/quarter in member reimbursement for utilities including Electricity, Natural Gas, & Water billed in active members name & address (via paper check)	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care (for care provided outside the United States: reimbursement and other restrictions may apply)	
Healthy You Card		
Food & Produce (SSBCI)	\$45/month (no rollover)	\$45/month (no rollover)
Over-the-Counter	\$75/month (no rollover)	\$75/month (no rollover)

*Benefits covered through Medicaid (MassHealth)

2025 Supplemental Health Benefits offered in Massachusetts



MyChoice Card

- OTC + Transportation
- Food and Produce**



Worldwide Emergency/Urgent Coverage



Transportation



Acupuncture



Utilities



Podiatry*



Meals*



Fitness



Vision



Dental*



Personal Emergency Response System (PERS+)*



Chiropractic*



Hearing*

See plan specific details as benefits vary by plan

**Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

*These and other additional benefits may be available through a D-SNP member's Medicaid.

2025 Medicare plan changes — Senior Whole Health—Healthy You Card

New for 2025: To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



Benefit Allowances

- OTC
- Food & produce (SSBCI)*

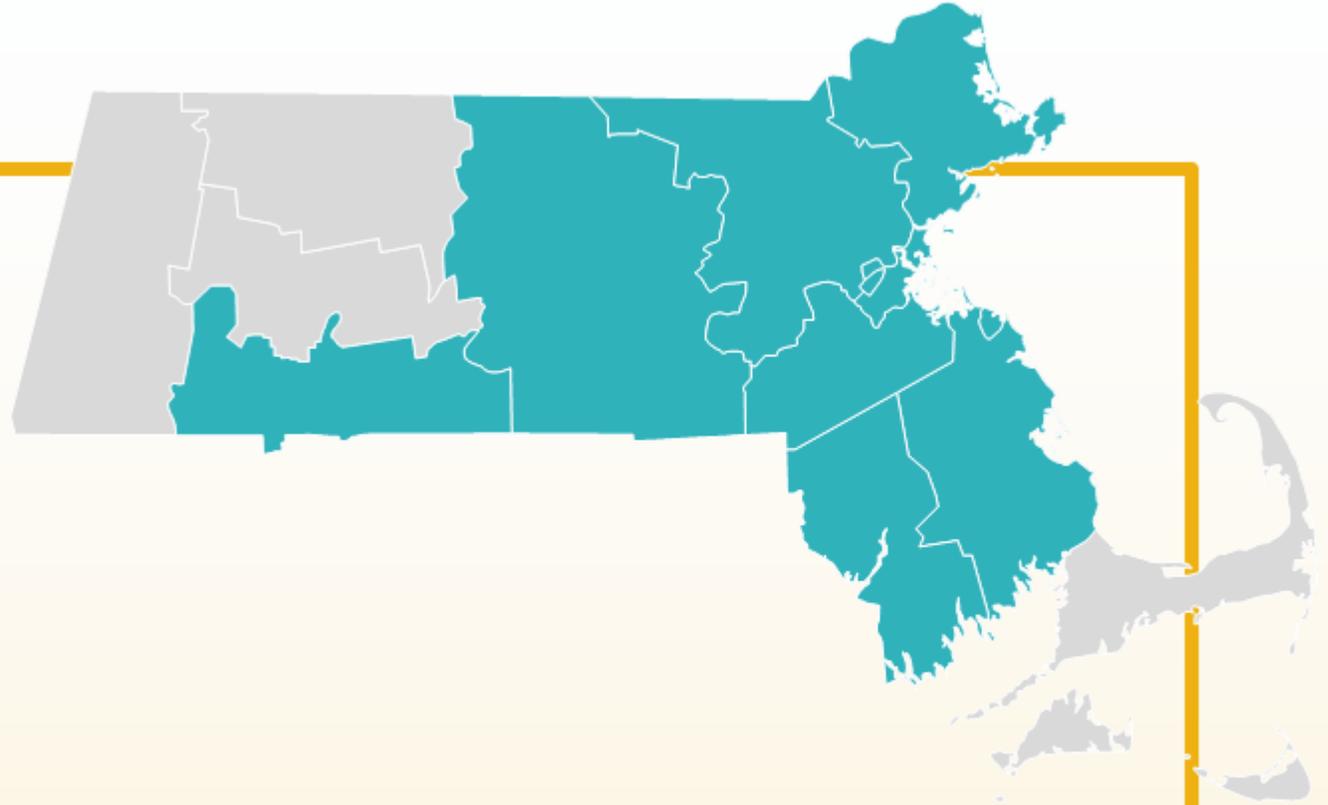


*Qualifications needed for SSBCI Benefits

Massachusetts Network Highlights

Provider Network Highlights:

- South Cove Community Health Center
- Signature Medical Group
- Boston Medical Center
- Greater Lawrence Family Health Center
- Prima Care, P.C.
- Gather Health
- Cambridge Health Alliance
- Evans Medical Foundation
- DotHouse Health
- Brockton Neighborhood Health Center
- South Shore Health System
- Lawrence General Hospital
- Revere Medical
- Beth Israel Deaconess Medical Center
- Dana-Farber Cancer Institute



*For a complete listing of providers, [visit our online provider directory](#)

The SWH Difference – Health Risk Assessment (HRA)



The Health Risk Assessment is a health-related questionnaire designed to help plans and providers identify high-risk beneficiaries proactively.

*All new SWH members are required to complete the HRA within 30 days. Clinical completes the in-home assessment with the Nurse Care Manager to give the member the level of support they need. DME requests typically come directly from the in-home assessment after the visit is completed.

Did you know?

HRA results help identify specific needs & drive action items such as:

- Program referrals or coordination of community resources.
- Care coordination, or case management.
- Urgent care needs or issues.
- Developing the member's Individualized Care Plan (ICP) and assists the Interdisciplinary Care Team (ICT) better serve our members.

SSBCI Reminders

- Qualifications needed for SSBCI Benefits
- No pre-screening is performed by any entity other than the Call Center and Care Management.
- No verbal attestation of a chronic condition is accepted. Requires objective validation.

Member Concierge Team

Overview: Deliver best-in-class consumer experience through personalized connections (outreach) – through empathy, advocacy, compassion and empowerment.

Purpose

- Serve as the new member's first contact and dedicated partner through the first 90 days with their new plan.
- Build trust and confidence in the plan, creating lifelong Molina members.

Approach

- Member first approach
- Provide information in an easy-to-understand format
- Anticipate members needs and address immediately
- Take the time to focus on members needs

Functional groups

- Strategy and Innovation
- Performance & Quality Monitoring
- Program Management & Implementation
- Member Engagement Services

Behavioral Health

SWH'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

SWH does not outsource BH to an outside entity



WHOLE-PERSON CARE

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



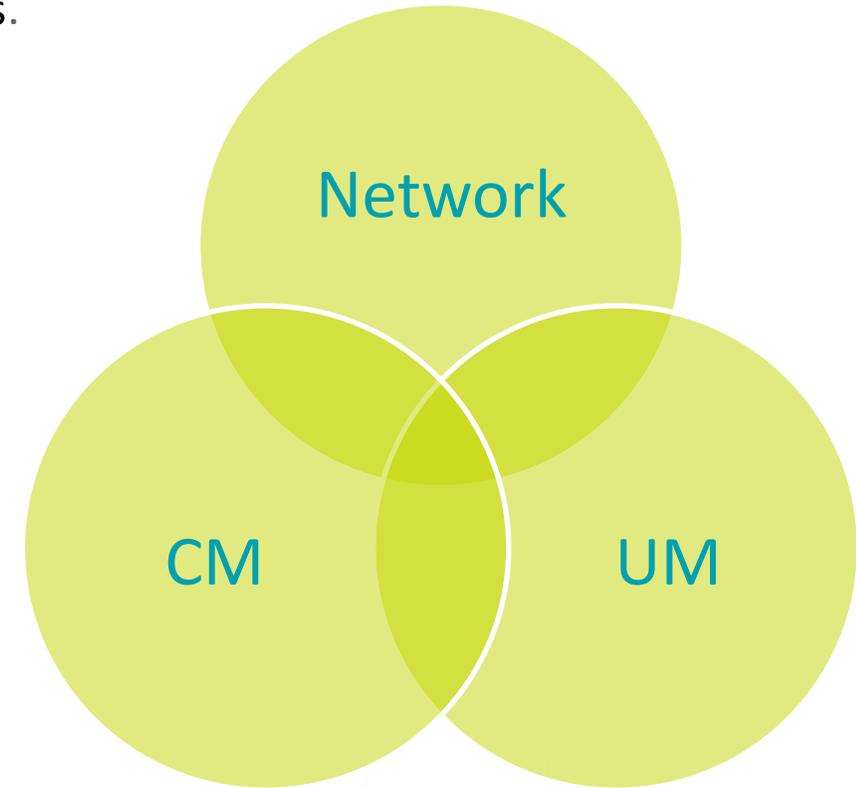
CARE MODELS

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



INTEGRATED PRINCIPLES

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



SWH offers providers free learning materials and continuing education through PsychHub including motivational interviewing, visit resources.psychhub.com/molina for more information.

ASAP Overview

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

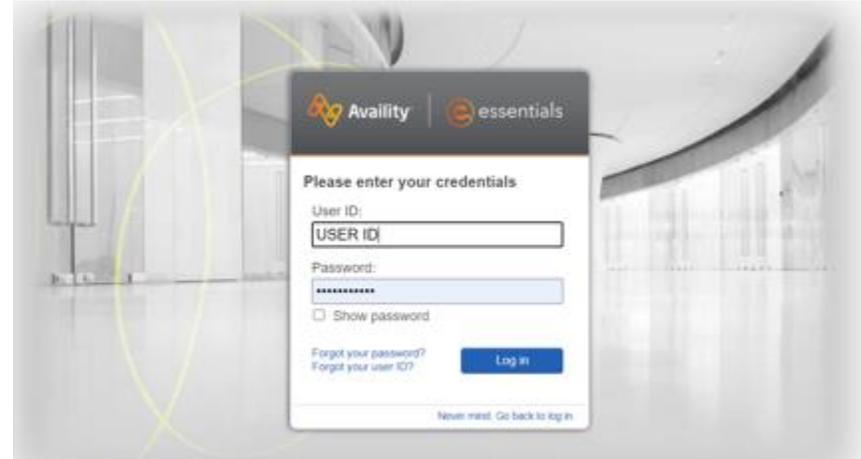
Dedicated SWH Account Manager for each ASAP by county



Availity Essentials Provider Portal

SWH 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



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 [SWH website](#).

*LTSS (GAFC, AFC, ADH) can view status on Availity but must fax them

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®)

Online Non-Clinical Claim Dispute (Claim Reconsideration) Requests

Care Coordination Portal

Remittance Viewer

View PCP Member Roster

Submit and Check Status of PA Requests



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. 
- Senior Whole Health 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**

SWH Provider Website



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

Please visit our website at:

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

Provider Directory and Updates

IMPORTANT

- It is important to Senior Whole Health 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.

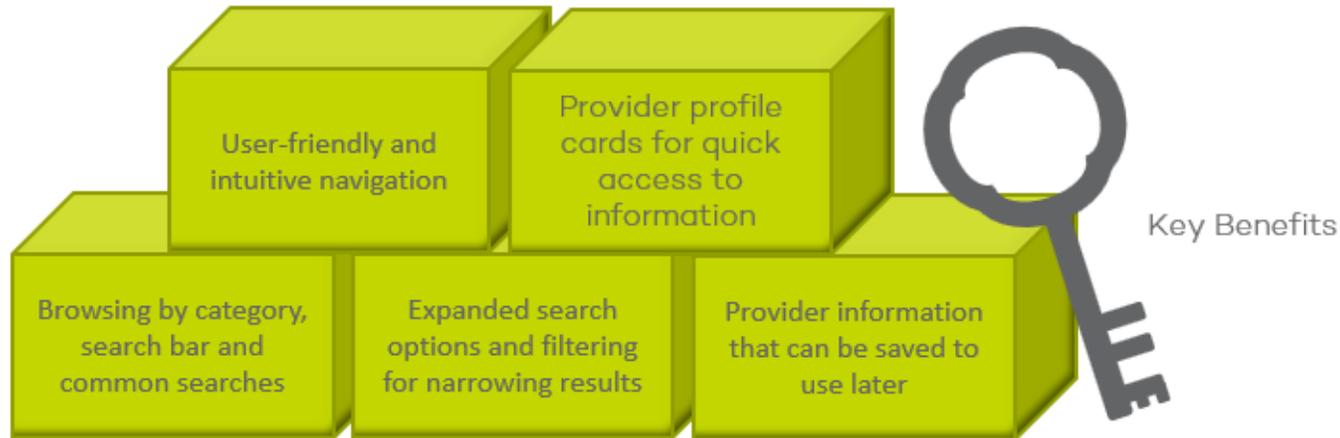
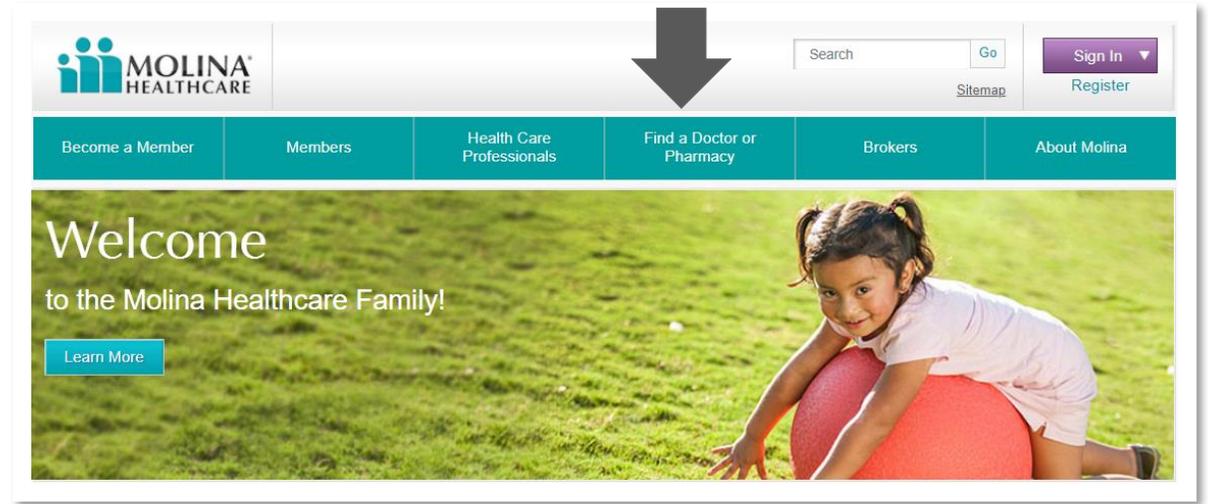
The screenshot shows the top section of the Senior Whole Health Provider Directory website. At the top right, there are dropdown menus for 'Plan/Program' (Senior Whole Health Senior Care Options (SCO)...), 'City & State, County or Zip' (Boston, MA - 02108), and a search icon. Below this is a teal banner with the text 'Good Afternoon! Browse or search to find the care you need.' and a search bar with the placeholder text 'Search for Care by Specialty, Name, NPI or Keyword'. Under the search bar, there are 'Common Searches' with dropdown menus for 'Primary Care', 'Behavioral/Mental Health', 'Virtual Care', 'Urgent Care Center', and 'Hospitals'. Below the banner is a 'Browse by Category' section with a grid of category tiles: 'Medical Care' (with a medical cross icon), 'Behavioral Health Including Mental Health' (with a brain icon), 'Labs, Imaging and Other Testing' (with a microscope icon), 'Urgent and Convenient Care' (with a first aid kit icon), 'Hospitals and Other Facilities' (with a hospital building icon), 'Medical Equipment and Supplies' (with a medical device icon), and 'All Categories' (with a right arrow icon). A small instruction text reads: 'Find the provider you need. Just search by using the care categories shown here.'

Provider Online Directory

The SWH 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.

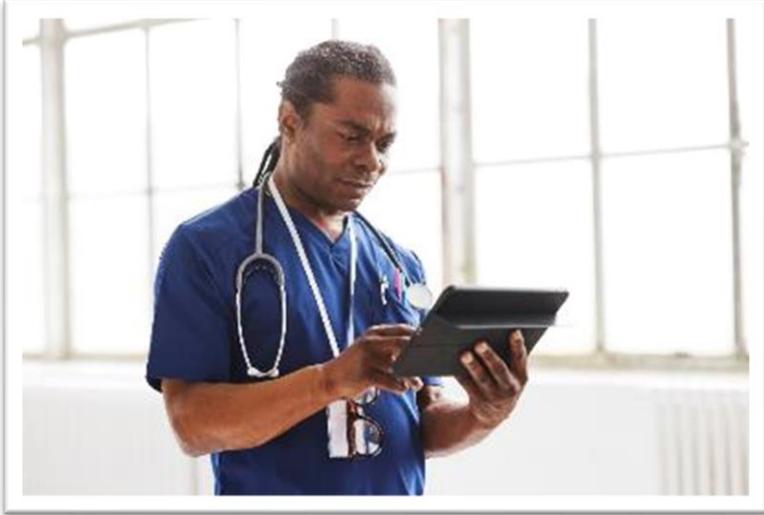
To find a Molina provider, click "Find a Doctor or Pharmacy"



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 SWH. If you choose to close your panel to new members, you must give SWH 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)

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 SWH 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](#).



Guide to Provider Forms

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 SWHCredentiaing@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
(Senior Whole Health or SWH)

Medicare Advantage & Senior Care Options
2024

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

The SWH 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

SWH 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

- Senior Whole Health 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 SWH 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 SWH by the end of the current year.
- This is required for all SWH 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 SWH 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 SWH MA provider webpage.
3. Return Attestation Form to SWH via the automated submit button on the form, or via email at: SWHProviderRelations@molinahealthcare.com

Nursing Facility Add-ons Billing Guidance

There is no change to the existing Nursing Facility Rate add-on billing due to the MassHealth transition to MDS 3.0 effective October 1, 2023.

Nursing facilities should continue to follow the instructions as outlined in this guidance.

Effective October 1, 2023, there is a new Nursing Facility rate add-on for SUD Induction periods.

- Nursing facility rate add-ons are directly billable to MassHealth for MassHealth members covered by the plans below:

- o MassHealth Standard (FFS)
- o MassHealth CommonHealth
- o MassHealth Family Assistance
- o MassHealth CarePlus

- Questions about add-ons for MassHealth members enrolled in managed care plans (e.g., ACO Model “A”, MCO, SCO, PACE, or OneCare plans) should be forwarded directly to the managed plans.
- Nursing facility rate add-ons are not billable for any medical or non-medical leave days.
- Nursing facility rate add-ons are not billable for MassHealth members covered by hospice.

Further guidance can be found in [MH Bulletin 181](#)

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.

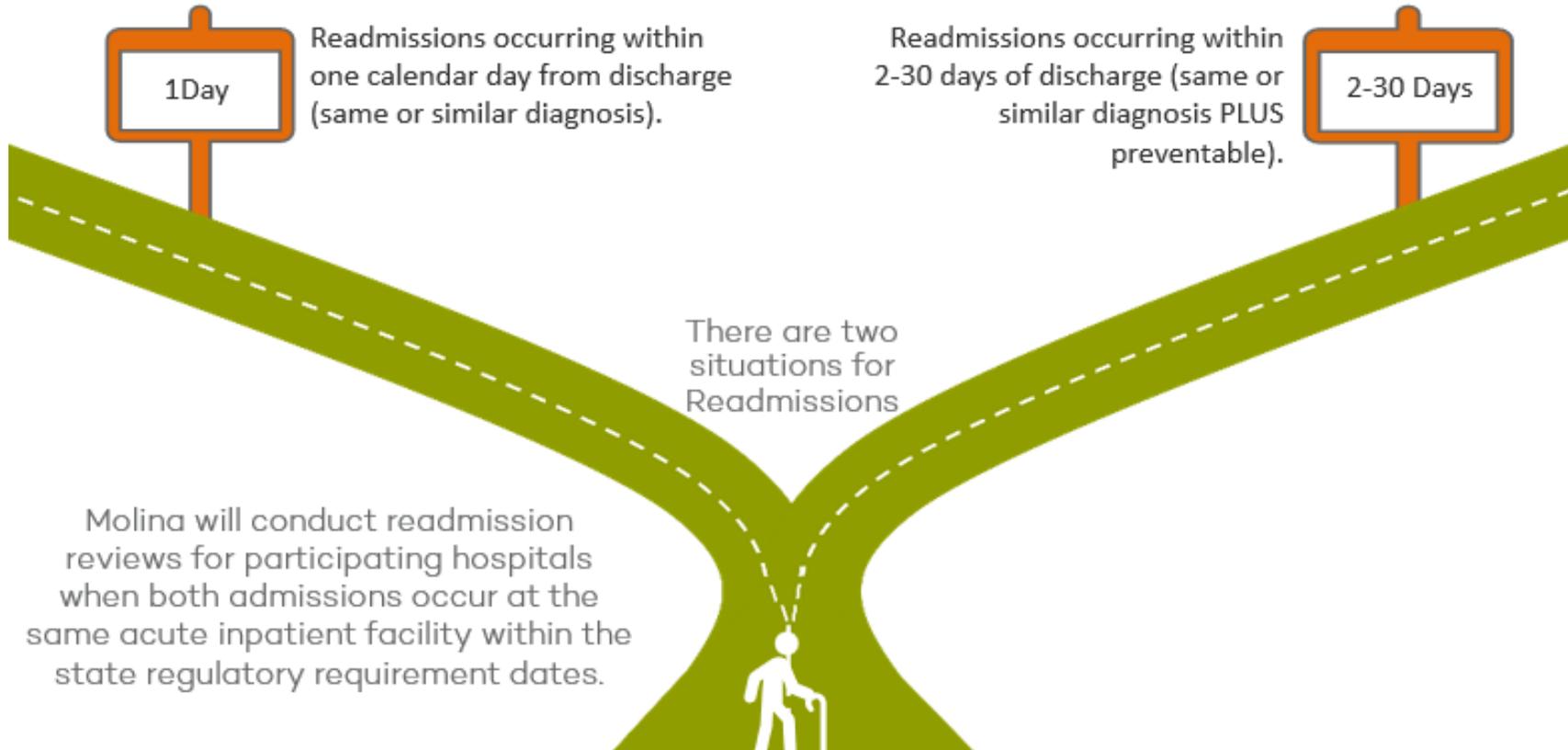


Discharge planning

- 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.
- SWH 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.



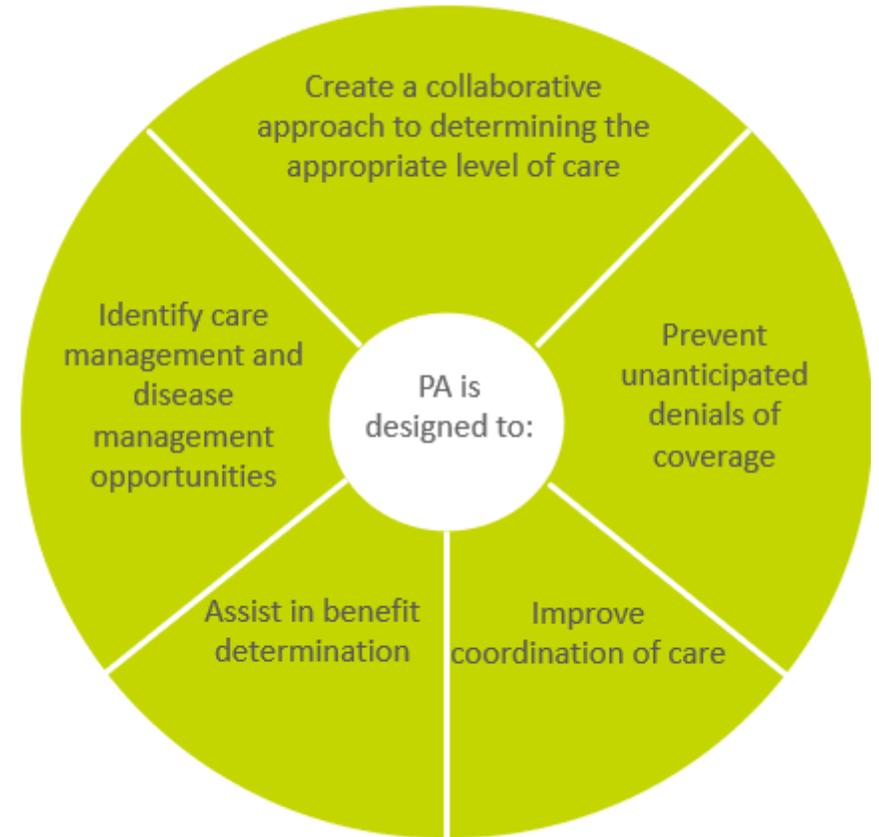
For additional information see the [Readmission Payment Policy](#) on the Provider Website.

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 SWH 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

Senior Whole Health 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 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)

SWH 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



Prior Authorizations through Availity

Providers may submit and manage authorizations through Availity. Recorded Webinar [here](#) (must be logged into [Availity](#)).

- **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.

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

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

PR Manager by County

SWHProviderRelations@MolinaHealthCare.Com

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

Amanda Barbosa, RN & Christina Felaccio, RN

SWHMAclinicalliaisons@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

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

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

SWH 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

Senior Whole Health Provider Relations Contact Information

Contact information for providers, facilities, groups:



MA County	Representative	Email Address
Barnstable, Berkshire, Franklin, Hampden, Norfolk, Hampshire	Vladimir Ustariz	Vladimir.Ustariz@molinahealthcare.com
Suffolk	Lina Ribeiro	Lina.Ribeiro@molinahealthcare.com
Middlesex, Worcester	Nexalix Acevedo	Nexalix.Acevedo@molinahealthcare.com
Essex, Plymouth	Tracy Daly	Tracy.Daly@molinahealthcare.com
Bristol	Maria Lopes	Maria.Lopes@molinahealthcare.com

For general inquiries, questions or to identify your specific representative:

Email Address
SWHProviderRelations@molinahealthcare.com

Provider Resources/Engagement

Telephone: SWH 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>

Senior Whole Health 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



Senior Whole Health
BY MOLINA HEALTHCARE

Senior Whole Health Provider Surveys and Feedback

The Senior Whole Health Provider Relations Team hopes you have found this training session beneficial. Please share your feedback [here](#) with us so we can continue to provide you with excellent customer service!

Take our SWH Provider Communications Survey [Here](#)

SWH Provider Website feedback can be submitted [here](#)

Thank
You



YOUR
VOICE
MATTERS!

Questions



Open
Discussion



Confidentiality statement

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Molina members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Molina Healthcare, Inc.