

## Notice: 1/1/26 Changes and General Network Updates for all Network Providers

For more than 20 years, Senior Whole Health has proudly served the Commonwealth of Massachusetts, earning trust and building strong community partnerships. As we transition to Molina Healthcare, our commitment remains unchanged: delivering the same exceptional service our members and partners expect. This evolution strengthens our foundation and opens the door to even greater value, resources, and support for those we serve. We remain steadfast in our commitment to the communities we live and work in and look forward to continued growth.

## Important Update: Senior Whole Health is Becoming Molina Healthcare

Effective **January 1, 2026**, Senior Whole Health by Molina Healthcare will transition to **Molina Healthcare**, creating a unified brand while maintaining the same trusted service.

# **Important Information:**

#### Plans:

- Senior Whole Health Senior Care Options will continue to be offered in 2026.
- We are proud to offer a new Molina One Care FIDE D-SNP for dual-eligible patients ages 21–64.

# Legal Entity:

Senior Whole Health, LLC doing business as Molina Healthcare.

#### Why It Matters

This transition strengthens our brand, simplifies engagement, and expands services through One Care—while preserving the quality and reliability you expect. While our branding remains consistent, we're introducing exciting updates effective January 1, 2026. These enhancements reflect our commitment to exceptional service, with a focus on improving access to care management for our members.

#### Molina Healthcare Achieves 4.5-Star Rating for 2026!

We're proud to share that Molina Healthcare has earned a 4.5-Star rating from CMS for 2026 for the SCO HMO D-SNP line of business, as published on Medicare.gov. This achievement reflects our unwavering commitment to delivering high-quality care and exceptional service to our members.

Thank you to our provider partners for your collaboration and dedication—together, we're making a meaningful difference in the lives of those we serve. This milestone underscores our shared focus on excellence and member experience.

## **Prior Authorization Billing Reminder**

As a reminder, all services that require a Prior Authorization must include the prior authorization on the claim submission. Prior authorizations must be requested prior to, or within two days, of the date of service. Retroactive prior authorizations will not be issued.

Claim dates of service must align with the authorization dates to ensure proper and prompt payment for services rendered. When billing for multiple dates of service, please submit the correct date range for the "from" and "to" dates with the appropriate number of units on one line item that correspond with those dates.

## <u>Digital First Utilization Management - Effective January 31, 2026</u>

Molina will require all participating providers to submit **prior authorization requests digitally via Availity** starting January 31, 2026. **Fax submissions will be discontinued.** 

#### **Key Benefits:**

- Enhanced security and compliance with CMS and state mandates
- Faster processing and real-time tracking
- Improved reporting for approvals and denials

## **Support & Exceptions:**

- Training resources: webinars, guides, and one-on-one sessions
- Exception process available for providers with documented barriers
- LTSS authorization processes remain unchanged

For questions or assistance, contact your Molina Provider Services representative.

#### <u>Utilization Management turnaround time for prior authorization</u>

Starting January 1, 2026, CMS-0057 Final Rule introduces new federal standards for prior authorization. Molina Healthcare must process standard requests within seven calendar days, improving transparency and timely access to care. To avoid delays, providers should submit complete clinical documentation with the initial request. The rule also requires new APIs to give providers better access to prior authorization details. We encourage providers to review workflows and join upcoming education sessions to ensure compliance and a smooth transition.

## New Resource: Long-Term Services Coordinators (LTS-Cs)

Molina Healthcare's One Care program now includes **Long-Term Services Coordinators (LTS-Cs)**—specialized professionals who help members access long-term supports like PCA services, housing resources, and behavioral health.

LTS-Cs collaborate with Community-Based Organizations (CBOs)—including Independent Living Centers, Recovery Learning Communities, and Arcs—as well as Aging Services Access Points (ASAPs) to close gaps between medical care and community resources, strengthening care coordination for providers and improving outcomes for members.

**Questions?** Contact your Provider Services Representative for details.

## Behavioral Health Provider Portal Access - Update

Under the new contract, BH providers will have the ability to:

- Access member information through the portal
- Upload their own assessment documents
- Communicate directly with case managers via a care coordination feature

## **Behavioral Health Certified Peer Specialist**

Starting January 1, 2026, Certified Peer Specialist (CPS) services will be a covered benefit. CPS professionals provide non-clinical, peer-to-peer support that empowers members to make their own choices and pursue recovery. Their role focuses on building equal,

strength-based relationships, sharing lived experience, and guiding members toward community inclusion and recovery resources. CPS acts as a mentor and connector, helping remove barriers to recovery while minimizing power differences.

## **Availity**

Molina Healthcare is simplifying provider interactions by streamlining processes and enhancing communication through **Availity Essentials**. Key improvements include increased file upload capacity with faster transmission, real-time digital notifications, a more intuitive authorization interface, and expanded auto-authorization for additional CPT codes. These enhancements reduce administrative burden, accelerate response times, and prepare for upcoming Utilization Management changes. By aligning technology upgrades with federal standards, Molina equips providers with tools that enable efficient care delivery—allowing them to focus on what matters most: caring for patients.

#### **MassHealth Updates**

#### **Notification of Birth Provider Reminder**

As part of your contractual obligations, providers must submit a completed Notification of Birth (NOB) form to MassHealth within 30 calendar days of the newborn's date of birth. This ensures timely enrollment and compliance with state requirements. For additional guidance or access to the NOB form, please visit the MassHealth provider portal or contact your Provider Relations representative.

#### **MCE Provider Network Validation**

Molina Healthcare is partnering with MassHealth to ensure compliance with federal regulations requiring all Managed Care Entity (MCE) network providers to enroll with MassHealth. To meet these requirements, providers must have two contracts in place:

- 1. A network provider contract with Senior Whole Health SCO
- 2. A provider contract with MassHealth

To complete enrollment as an MCE network-only provider, please fill out the MassHealth Nonbilling MCE Network-only Provider Contract here. If you prefer to enroll as a fully participating MassHealth provider, visit MassHealth's Provider Regulations. For additional details, please refer to our FAQ.

As we move forward with these important updates, our focus remains on supporting providers and ensuring a seamless experience for both you and our members. These changes reflect our commitment to innovation, compliance, and collaboration—while preserving the trusted relationships we've built together. Thank you for your continued partnership and dedication to delivering high-quality care.

Sincerely,

Lauren Morton

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