



Senior Whole Health
BY MOLINA HEALTHCARE

Provider Newsletter

For Senior Whole Health LLC providers

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Benefits of submitting claims electronically

Senior Whole Health, LLC (SWH) reminds our providers that submitting claims electronically through clearinghouses or the **Availity Essentials portal** offers many advantages. These include:

- Improved Health Insurance Portability and Accountability Act (HIPAA) compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Elimination of mail delays

How to submit electronic data interchange (EDI) claims:

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, SSI Group, or use a clearinghouse of your choice, so long as that clearinghouse establishes a connection with SSI Group. Molina offers additional options for electronic claims submissions. If you do not have a clearinghouse, log in to the **Availity portal** for more information.

Update provider data accuracy and validation

Providers must ensure SWH has accurate practice and business information. Accurate information allows us to better support and serve our members and providers.

Molina must maintain an accurate and current Provider Directory. It is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with SWH at least once every 90 days for correctness and completeness.

Failure to do so may result in your REMOVAL from the SWH Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Phone, fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

Delegated and other providers that typically submit rosters must submit a complete roster that includes the above information to SWH.

All other providers must log into their Council for Affordable Quality Healthcare (CAQH) account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Molina.

If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their provider services representative for assistance.

Additionally, per the terms specified in your Provider Agreement, providers must notify Molina of any changes, as soon as possible, but at least 30 calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:

- Change in office location(s)/address, office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, Tax ID and/or NPI
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty(ies)
- Change in any other information that may impact members' access to care



National Plan and Provider Enumeration System review for data accuracy

Your NPI data in the National Provider Identifier (NPI) must be reviewed to ensure accuracy. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, phone and fax numbers and specialty. You should also include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare fee-for-service.

If you have any questions about NPPES, visit **NPPES.CMS.HHS.gov**.

Cultural competency resources for providers and office staff

Let's partner to achieve health equity! Training modules and resources on cultural competency are available to review when communicating with and serving diverse patient populations. This information helps you and your staff understand and address disparities to improve health care and outcomes. As our provider partner, assisting you is one of our highest priorities. We look forward to supporting your efforts so all our members have the same opportunity to attain their highest level of health.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care** established by the Office of Minority Health. We also comply with regulatory and accreditation standards focused on health equity.

Building culturally competent health care: Resources for providers and staff

Cultural competency can positively impact a patient's health care experiences and outcomes. Cultural competency training modules and resources are available to providers and office staff. You can access the resources through [Availity](#).

Cultural competency educational resources include:

- Cultural competency, including culturally and linguistically appropriate services (CLAS)
- Language access services, including effective communication strategies
- Health equity and disparities
- Social determinants of health
- Federal requirements, including the Affordable Care Act and the Americans with Disabilities Act

These resources also provide helpful tips and recommendations for effectively supporting unique subpopulations and communities, including racially, ethnically, culturally and linguistically diverse communities, LGBTQIA+ individuals, older adults, people with disabilities and immigrants/refugees.

The training modules last 5 to 10 minutes. Depending on the topic of interest, you may participate in all or just one module. Upon completing the training, please submit the provider attestation form available through [Availity](#). Please contact your provider services representative if you have any questions.

Americans with Disabilities Act (ADA) resources: Provider education series

A series of provider education materials related to disabilities is also available to providers and office staff on Molina's website. To review the materials, please log in to Availity.

Cultural competency resources for providers and office staff (continued)

Disability educational resources include:

- Overview of the Americans with Disabilities Act (ADA), including frequently asked questions for health care providers
- Information for members who are blind or have low vision, including how to request alternate formats
- Guidance on service animals and related accommodations
- Tips for communicating with people with disabilities and older adults

Please contact your provider services representative if you have any questions.

Molina's language access services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve health care quality for patients who speak a language other than English. Molina ensures effective communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that receive federal funds. A member cannot be refused services due to language needs. Molina provides the following services directly to members at no cost, when needed:

- Written materials in other formats, such as large print, audio, accessible electronic formats and braille
- Written materials translated into languages other than English
- Interpreter services, including American Sign Language
- Relay service (TTY: 711)
- 24-hour Nurse Advice Line
- Bilingual staff

In many cases, Molina will also cover the cost of an interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider Services to schedule interpreter services or to connect to a telephonic interpreter.

Molina's materials are always written simply in plain language and at required reading levels.

You can access resources and materials on cultural competency, disability-related services and language access services by logging in to Availity or visiting the Molina website. If using [Availity](#), you must first log in and navigate to Molina Healthcare under **Payer Spaces**, then select the **Resources** tab to view the available resources.

For additional information on Molina's language access services or cultural competency resources, contact your provider services representative or visit [MolinaHealthcare.com](https://www.molinahealthcare.com).



2025 Molina Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Molina requires PCPs and key high-volume specialists, including neurology, cardiology and hematology/oncology to receive training about Molina Healthcare's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

MOC training materials and attestation forms are available at MolinaHealthcare.com/Model-of-Care-Provider-Training. The completion date for this year's training is December 31, 2025.

If you have any questions, please contact your provider services representative at **(855) 838-7999**.

Helping members in their language

Our health plan members speak many different languages.

As of late 2024, the majority of language translation requests for Medicaid members were for Spanish, accounting for 67% of the total. This was followed by 11% for Chinese dialects, 5% for Vietnamese, 3% each for Haitian Creole and Portuguese, 2% each for Arabic and Cape Verdean Creole, and 1% each for Russian, Ukrainian and Korean.

Among Medicare members, 28% of the language translation requests were for Spanish, followed by 36% for Chinese dialects, 14% for Vietnamese, 6% for Haitian Creole, 5% for Portuguese, 4% for Cape Verdean Creole, 2% for Cambodian and 1% each for Khmer and Arabic.

Please contact Molina if you need assistance addressing your patients' language needs. We also provide resources for providers.

Provider Manuals

Provider Manuals are customarily updated annually but may be updated more frequently as needed. Providers can access the Provider Manual at [Provider Manual online](#).

Clinical policies

Molina's clinical policies (MCPs) are located at MolinaClinicalPolicy.com. Providers, medical directors and internal reviewers use these policies to determine medical necessity. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.



Brand change for Senior Whole Health (SWH)

We are excited to announce a significant brand change that will take effect on January 1, 2026. As part of our ongoing commitment to providing exceptional healthcare services, Senior Whole Health (SWH) will be rebranding under the Molina Healthcare umbrella.

What does this mean for you?

- **Unified branding:** All of our offerings will now feature the Molina Healthcare logo, ensuring a cohesive and recognizable brand identity across all materials.
- **New product offering:** We are introducing Molina One Care, which will be branded under the Molina Healthcare name.
- **Continuity for existing services:** Our existing Senior Care Options (SCO) business will continue to operate under the SWH name, maintaining the same high standards of care and service you have come to expect.

This rebranding effort is designed to streamline our brand identity while preserving the distinct names of our products for clarity and continuity. We believe this change will enhance our ability to serve you better and strengthen our presence in the health care industry.

Thank you for your continued trust and support. We look forward to serving you under our new unified brand.

Important reminder about required meetings and trainings

As we move forward with our brand change, we want to remind all providers of the importance of participating in required meetings and trainings. These sessions are crucial for staying informed about updates, best practices and actionable information that can enhance service delivery.

Our commitment to providing timely, actionable information through standard meetings remains steadfast. We encourage all providers to stay engaged and take advantage of these opportunities to ensure the highest quality of care for our members.

Prior authorization update

A recent targeted notice was sent to our skilled nursing facility partners regarding a change in authorization requirements for “add-on” codes, effective October 1, 2025. SWH remains committed to streamlining the prior authorization (PA) process and continues to evaluate requirements to support that goal.

For the most current authorization information, please use the PA Lookup Tool available on the [SWH provider website](#).

Please note: PA requirements for dually eligible members (Medicare and Medicaid) should be reviewed based on the specific line of business. As a reminder, Availity Essentials is the preferred way to submit authorizations to SWH.

If you have any questions, please contact your SWH Provider Services manager or [email us](#) for further assistance.

Digital Correspondence Hub launch

The Digital Correspondence Hub is a new tool integrated into Availity Essentials that enables providers to receive, manage and track digital communications from Molina Healthcare—starting with PA letters. It complements traditional paper letters and delivers digital PA letters in real time.

Benefits for providers

- **24/7 access** to digital letters from anywhere
- **Real-time delivery**—view letters within seconds
- **Multiple letter types** supported (e.g., approvals, denials, case progress)
- **Easy downloading and printing** of response letters

Training available

Providers can access on-demand training or register for live sessions through [Availity](#) to familiarize themselves with the Digital Correspondence Hub.

Clinical practice and preventive health guideline updates

SWH recently made numerous changes to clinical practice guidelines (CPGs) and preventive health guidelines (PHGs). New guidelines and updates to existing guidelines from the national quality team have been posted to the SWH website.

Please find all of our guidelines and updates in the [Health Resources section of our website](#).

Osteoporosis management in women with a fracture

SWH is dedicated to reducing the risk of fractures among our senior members by partnering with network providers. Osteoporosis leads to weak bones and increased fracture risk. The long-term consequences of breaking a bone as one ages are significant. According to the U.S. Preventive Services Task Force (USPSTF), only 40–60% of persons who break their hip recover to their prior mobility level and ability to perform activities of daily living. Screening for osteoporosis is recommended among women 65 years or older to prevent fractures due to osteoporosis. Screening is also recommended in post-menopausal women younger than age 65 who are at increased risk. Bone mineral density (BMD) testing using dual-energy x-ray absorptiometry (DXA) should be included in screening, with or without fracture assessment.¹

The Healthcare Effectiveness Data and Information Set (HEDIS®) offers tips on best practices for providers to manage osteoporosis among SWH members. HEDIS® specifications look at women aged 67–85 and recommend either a BMD test or a prescription for a drug to treat osteoporosis within 180 days of the fracture date. You can find more information about the HEDIS measure and a list of approved drugs by going to the [Provider Resources Quality section of our website](#).

¹ U.S. Preventive Services Task Force. Screening for Osteoporosis to Prevent Fractures: U.S. Preventive Services Task Force Recommendation Statement. JAMA. 2025; 333(6):498–508. doi:10.1001/jama.2024.27154



Fall prevention

Falls in elderly people occur at an alarming rate and can have life-changing consequences. Preventing falls and improving safety among SWH members is a priority. SWH has adopted STEADI initiative guidelines from the Centers for Disease Control and Prevention (CDC). STEADI, otherwise known as Stopping Elderly Accidents, Deaths & Injuries, is aimed at providers and the general public to improve the health and well-being of our elderly population. In 2021, there were 3 million visits to emergency departments for older adult falls and over 38,000 deaths among adults 65 and older from falls, making falls the leading cause of injury and injury death.

This initiative provides tools to incorporate fall prevention actions into your everyday practice, provides guidance to pharmacists on screening for potential medication-related issues and offers best practice tips for inpatient staff caring for elders. Additionally, the CDC provides education for providers, older adults and caregivers, including:

- Training for staff
- Clinical tools – brochures, flyers, fall risk checklist, referral form
- Functional assessment tools (multiple)
- Medication review framework
- Fact sheets

Please find information on free provider trainings offering CMEs and additional clinical resources that can be incorporated into your day-to-day practice by going to the [CDC site](#).



Readmission rates and what you can do

The SWH member population is made up of elderly members from diverse backgrounds. Many of our members have medically complex conditions and comorbidities in addition to health inequities and disparities. Many also rely on an emergency department to get needed care quickly. We are working with internal and external partners to provide education and resources to SWH members in an effort to reduce unnecessary emergency department visits and readmissions post-discharge. Urgent care and primary care visits are an important piece of this initiative.

SWH has resources and projects currently in place to try to reduce readmission rates among targeted members. These include:

- SWH Transitions of Care (TOC) activities post-discharge; collaboration between the Cityblock TOC team and SWH TOC team
- SWH Emergency Department Diversion (EDD) Program
- Member education on options post-discharge

Providers can support our efforts in several ways:

- Provide expanded office hours (evenings, weekends) when feasible
- Offer a 24/7 advice line through care team staff or a nurse call line
- Build time into routine scheduling for patients with urgent care needs and for recently discharged patients for same-day or next-day appointments
- Maintain a list of local urgent care centers to share with patients
- Maintain a list of community agencies to assist with overcoming barriers to care
- Consider referral to a visiting nurse to do a home visit for safety evaluation if indicated
- Offer telehealth visits for quick access to resolve concerns where feasible
- Involve a pharmacist for medication-related concerns

MassHealth offers education and resources for the public to help prevent unnecessary trips to the emergency room. [Their website](#) has more information that can be shared with patients, including a list of urgent care centers throughout Massachusetts.

² [CDC.gov/falls/about/index.html](https://www.cdc.gov/falls/about/index.html)

Helping patients with uncontrolled blood pressure

Hypertension is a top diagnosis among SWH members. High blood pressure puts you at risk for heart disease, stroke and kidney disease. The CDC statistics on hypertension in the U.S. show the following:

- 48.1% of adults have high blood pressure (defined as a systolic blood pressure greater than 130 mm Hg or a diastolic blood pressure greater than 80 mm Hg or are taking medication for high blood pressure).
- Only 22.5% of adults with high blood pressure have their blood pressure under control.
- 45% of adults with high blood pressure have a blood pressure of 140/90 mm Hg or higher.
- About 34 million adults who should be on antihypertensive medications per guidelines may need a prescription or may need to fill their prescription and start using it. Two-thirds of this group have a blood pressure of 140/90 or higher.
- The annual cost of high blood pressure in the U.S. is about \$131 billion, averaged over 12 years from 2003 to 2014.³

SWH works to reduce hypertension among members through a variety of interventions to support members. Providers can support our efforts through the following:

- Patient and caregiver education using simple infographics and culturally appropriate materials and tools
- Collaborating with SWH clinical staff to refer eligible members to the SWH hypertension disease management program
- Using accurate HEDIS® codes when documenting blood pressure during patient visits
- Rechecking elevated blood pressures at the end of an in-person visit
- Working with members to get home blood pressure monitors and providing explicit education on how to correctly take their blood pressure at home
- Referrals to a visiting nurse for routine blood pressure checks for high-risk home-bound patients with out-of-control blood pressure

HEDIS® tip sheets that include accurate HEDIS® coding are available on our website under the Quality section of Provider Resources.

³ Centers for Disease Control and Prevention. High Blood Pressure Facts [Fact Sheet]. 2025.

[CDC.gov/high-blood-pressure/data-research/facts-stats/index.html](https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html)



Controlling diabetes and hemoglobin A1c

According to the 2023 SWH MA Population Assessment, diabetes is the second-highest chronic condition among our members, following hypertension. The impact of uncontrolled diabetes can be devastating, leading to complications and significant disability. Controlling HbA1c is a primary focus for SWH to help members manage their diabetes, and it is a priority HEDIS® measure.

The American Diabetes Association published the Economic Costs of Diabetes in the U.S. in 2022, analyzing the financial burden of diabetes. Findings include:

- National health care costs of diabetes have increased by \$80 billion in the past 10 years.
- The medical expenditure for individuals with diabetes is 2.6 times higher than would be expected for those without diabetes.
- Spending on insulin tripled between 2012 and 2022, from \$8 billion in 2012 to \$22.3 billion in 2022.
- The cost of insulin increased 24% from 2017 to 2022 when adjusted for inflation.⁴

In addition to the financial burden, complications and outcomes for uncontrolled diabetes are significant. The CDC reports the following statistics:

- In 2020, there were approximately 16.8 million emergency department visits for diabetes-related diagnoses among adults aged 18 or older.
- In 2020, a total of 7.86 million hospital discharges were reported with diabetes as any listed diagnosis among adults aged 18 years or older, including ischemic heart disease, stroke, lower extremity amputations, hyperglycemic crisis and hypoglycemia.
- 39.2% of adults aged 18 years or older with diabetes had chronic kidney disease between 2017–2020.
- Diabetes was the leading cause of end-stage kidney disease.
- Diabetes is the leading cause of new cases of blindness among adults aged 18–64 years.⁵

SWH would like your help to control and screen for diabetes-related complications among our members. Please encourage SWH patients with diabetes to get their screenings for HbA1c and kidney health, as well as an annual eye exam. SWH offers a member incentive program that rewards members for getting their diabetes and other health screenings by placing dollars on their SWH Healthy You cards. The money can be used to buy healthy foods or to purchase items from our over-the-counter catalog. You can find more information on our 2025 Healthy Actions Rewards Program online. Please promote this program to SWH members during routine appointments.

⁴ Emily D. Parker, Janice Lin, Troy Mahoney, Nwanneamaka Ume, Grace Yang, Robert A. Gabbay, Nuha A. ElSayed, Raveendhara R. Bannuru; Economic Costs of Diabetes in the U.S. in 2022. *Diabetes Care* 2 January 2024; 47 (1): 26–43. DOI.org/10.2337/dci23-00855

⁵ [CDC.gov/diabetes/php/data-research/index.html#cdc_report_pub_study_section_8-coexisting-conditions-and-complications](https://www.cdc.gov/diabetes/php/data-research/index.html#cdc_report_pub_study_section_8-coexisting-conditions-and-complications)

Vaccinations for SWH members

With flu season just around the corner, SWH is beginning to plan for vaccination clinics in targeted communities where our members live. Through a partnership with MedMinder Pharmacy, vaccinations will be administered to eligible members and other attendees at the Massachusetts Department of Public Health (DPH). The Executive Office of Health and Human Services (EOHHS) provides data updated weekly on respiratory illness and vaccination rates among Massachusetts residents on [their website](#).

Please promote vaccination to SWH members during visits and be on the lookout for information on our vaccination clinic events.

What is the Health Outcomes Survey (HOS)?

The HOS is an annual CMS member survey sent to a random sample of Medicare Advantage members from July to November to get the members' perspective on their physical and mental health. The survey also looks at their perspective on how their health plan manages their physical and mental health over time. The HOS has a high impact on overall Star ratings for Star 2027/MY2025, with two questions increasing in weight from 1 to 3. Those questions include:

- Improving or maintaining physical health
- Improving or maintaining mental health

A follow-up survey is sent to the same respondents two years after the initial survey to measure improvement over time and the quality of health plan support. Please keep in mind during visits with SWH members that the survey window will be opening soon. Your support in establishing positive communications about the health of our members is important for strong performance. We appreciate your partnership. You can find more information about the [HOS survey online](#).