

## IMPORTANT NOTICE FOR ALL NETWORK PROVIDERS

### **1/1/2024 Changes- November 1, 2023**

Thank you for being a valued part of our Senior Whole Health (“SWH”) Provider Network. SWH regularly reviews our policies and procedures to further align with state, federal, and industry standards. Please be advised of the following **changes effective January 1, 2024**. For additional information, please review SWH’s Q4 2023 Provider Newsletter on [www.swhma.com](http://www.swhma.com). Our quarterly newsletters include important information and changes applicable to our provider community.

#### **2024 PA Code Changes**

Prior Authorization requirements are reviewed on a quarterly basis. SWH publishes all Prior Authorization requirements via our Prior Authorization Lookup Tool (“Look Up Tool”), as well as downloadable versions for quick reference. Please note that Prior Authorization requirements for dually-eligible members (Medicare and Medicaid beneficiaries) should be evaluated at the individual line of business. Effective for January 1, 2024, there will be a significant reduction of certain PA requirements to streamline our PA process; which will ultimately benefit our organization, providers, and members. Please continue to use the PA Lookup Tool available on the [website](#) for the most up-to-date information.

#### **Deeming Period**

Senior Whole Health has changed the deeming period for members that lose MassHealth (Medicaid) eligibility from 30 to 90 days effective immediately. During this time, Senior Whole Health will continue to pay for all services provided to the member until the deeming period of 90 days has been reached. Member’s eligibility can be confirmed via Availity as it is the most up to date source, and may differ from MMIS due to the SWH 90 day deeming period.

#### **Directed Payment Update**

In accordance with MassHealth requirements, SWH is reviewing and updating our claims processing system to reflect rate adjustments for select provider types who are reimbursed a percentage of the MassHealth fee schedule. Where necessary, SWH may coordinate with individual providers and provider groups on contract amendments to support expanded services, additional lines of business, and adjusted rates. As a reminder, SWH processes claims at the lesser of billed charges or contracted rate. Please be sure to adjust billing to reflect these

increased amounts to ensure correct payment. Additional information on the MassHealth Directed Payments can be found on the MassHealth section of [www.SWHMA.com](http://www.SWHMA.com).

This also includes updated Skilled Nursing Facility rates and the payment methodology changes implemented by MassHealth effective 10/1/2023. SWH will coordinate with each Skilled Nursing Facility independently on the necessary contract amendments to support this payment methodology change. Additional information on the MassHealth Directed Payments can be found on the MassHealth section of [www.SWHMA.com](http://www.SWHMA.com).

### **Availity**

The Availity Essentials Portal continues to expand as Senior Whole Health's partner to reduce administrative resources and burden for providers. Claim status and submission, authorization submission and status, eligibility and benefits, overpayments status and details, and claim appeals are current features while planned expansion of the tool is in the works. Relevant information can be found on the Availity section of the SWH website

<https://www.molinahealthcare.com/providers/ma/swh/resources/Availity.aspx>.

### **Notification of Inpatient Clinical Validation Review**

Beginning January 1, 2024, SWH shall review services provided to our members to ensure program integrity, which may include both prepayment and post-payment review of claims and clinical documentation, for all lines of business.

Senior Whole Health conducts Medical Claim Reviews as noted in the provider agreement. This ensures that claims are reimbursed in accordance with generally accepted federal and state regulatory requirements, billing and coding guidelines, contract provisions, and established SWH policies and procedures.

### **Process**

SWH will be conducting an APR DRG and/or MS DRG Clinical Validation Review that will evaluate whether diagnoses and procedure codes on the claim align with industry coding standards:

- Official ICD-10-CM Coding Guidelines
- Applicable ICD Coding Manual
- Uniform Hospital Discharge Data Set (UHDDS)
- Coding Clinics

The APR DRG and/or MS DRG principal diagnosis assigned represents the condition established after study to be chiefly responsible for the admission of the patient to the hospital for care and not based on clinical suspicions at the time of admission. The Clinical Validation determination will be made using the medical record documentation available at the time of review and must support all diagnoses and procedures billed, including Major Complication or Comorbidity (MCC) and Complication or Comorbidity (CC) and Severity of Illness.

APR DRG and/or MS DRG Clinical Validation includes, but is not limited to, verification of:

- Diagnostic code assignments
- Procedural code assignments
- Sequencing of codes
- Grouping assignment and associated payment
- MCC and CC and severity of illness (if applicable)

In the event that the APR DRG and/or MS DRG Clinical Validation does **not** substantiate what was billed or is inconsistent with industry coding standards and requirements, SWH may:

- Adjust to an APR DRG and/or MS DRG as supported by the documentation
- Adjust payment
- Request refunds
- Issue a base payment

**Note:** A detailed findings letter will be mailed to the provider to accompany the above review if a change or denial in payment is made.

To review current SWH Payment Integrity Payment and Coding Policies, including Itemized Bill Review, visit this page on the SWH website:

[Molinahealthcare.com/providers/ma/swh/Policies/Payment.aspx](https://Molinahealthcare.com/providers/ma/swh/Policies/Payment.aspx)

### **Formal Disputes**

Provider disputes/appeals **must** be submitted within 120 calendar days of Senior Whole Health's original remittance advice date, unless otherwise stated in the Provider Agreement. A



request to review the processing, payment, or non-payment of a claim by SWH shall be classified as a Provider Claim Dispute and can be submitted via:

- Availity Essentials portal: [provider.MolinaHealthcare.com](https://provider.MolinaHealthcare.com)
- Faxed to: (562) 499-0610

Submissions **must** include a completed Claims Reconsideration Form (one claim per form).

The Claims Reconsideration Form can be found on the [Provider Forms](#) page on the SWH website at <https://www.molinahelathcare.com/provider/ma/swh/home.aspx>

### **How To Attach**

1. Log into the Availity Portal: [availity.com/molinahealthcare](https://availity.com/molinahealthcare)
2. You will be prompted to select your organization, transaction, and payer.
3. Utilize the Correct or Appeal Eligible Claims Function within the SWH payer space and attach the form with medical notes and documentation.

For help with Availity please visit: [molinahealthcare.com/providers/ma/swh/resources/Availity.aspx](https://molinahealthcare.com/providers/ma/swh/resources/Availity.aspx)

Or contact Availity at (800) 282-4548, M-F, 8am-8pm EST