

If you are not currently a contracted provider with Senior Whole Health of Massachusetts and are interested in joining our network of quality health care providers, or if you wish to add a line of business to your existing contract, please email this completed form to SWHNetworkRequests@MolinaHealthCare.Com

Please note: In order for providers to contract with a Medicaid managed care plan, MassHealth requires **all providers** to be enrolled with Massachusetts Medicaid at both the practice/facility and individual provider levels, as applicable. In addition provider must be in practice for 2 plus years and have treated members age 65 plus.

If you are an individual provider joining a contracted practice, please do not complete or submit this form. Please complete and submit a Provider Information Update Form (PIF). [Click here](#) for the form, or go <https://www.molinahealthcare.com/providers/ma/swh/resources/forms.aspx>.

Practice/Facility Name: _____ **Practice/Facility NPI:** _____

Taxonomy Code: _____ **Fax Number:** _____ **Contracted with State?** Yes No

Practice/Facility Mass Medicaid ID: _____ **Practice/Facility Tax ID Number:** _____

Primary Practice: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address (if different from practice address): _____

Specialty/Provider Type: _____ **Person Completing Form:** _____

County: _____ **Phone:** _____ **Email Address:** _____

If you are a professional practice that employs multiple providers, please provide information for all individual providers in the table below or on a separate sheet (excludes ancillary providers):

Individual Provider Name	Provider Type/Specialty	Individual Medicaid ID	Individual Medicare ID	Individual NPI

Are all providers employed by the group? Yes or No
If NO, please be advised that separate Provider Services Agreements will need to be completed for non-employed providers.

Please provide additional information, such as services/modalities that you would like to include:

You will receive a response within five business days by a member of the Provider Contracts team and can expect a decision on contracting within 45 business days. If you have any questions regarding completion of this form, email Provider Contracts at SWHNetworkRequests@MolinaHealthCare.Com.

Please note that completion of the above information is not confirmation of your participation status with Senior Whole Health of Massachusetts. Final contractual status is based upon your ability to meet credentialing requirements and contractual obligations.