

Provider Quick Reference Guide

[Senior Whole Health](#) (“SWH”) is a Health Plan available to Massachusetts residents who are Medicare/Medicaid eligible.

Contact Information

Provider Service Center: 855-838-7999

SWHNetworkRequests-for new providers requesting to join our network or inquire on contracting status, leaving an existing contracted provider group, or inquiring on a new contract

SWHDelegatedRequests-for credentialing or demographic updates for providers with an active delegated credentialing agreement

SWHProviderRelations-for general provider inquiries

SWHCredentialing-for providers to submit HCAS or when adding a new physician to an already existing group contract

Outpatient Authorization Fax Number 844-251-1451

Inpatient Authorization Fax Number 844-834-2152

Advanced Imaging Fax Number 877-731-7218

PCP Assessments

Each new member must get an initial PCP assessment and annual reassessment each year thereafter.

Additional Benefits

SWH uses several vendors to administer certain benefits. If your patients need any of the services listed below, the patient or designee may contact the vendor directly.

[Vision-VSP](#): 800-877-7195

[Dental-DentaQuest](#): 800-341-8478

[Fitness-Silver & Fit](#): 877-427-4788

[Durable Medical Equipment-Integra Partners](#): 888-729-8818

Email: administration@accessintegra.com

[Transportation-ModivCare](#): 844-544-1391

- There is a 3-day advance notice requirement to schedule transportation
- Hospital discharge does not require a 3-day advance notice
- Hospital discharge planners should contact ModivCare's facility line directly to arrange same day requests at 844-544-1391 (the wait time for these trips may be longer than the typical 2 hour window)
- No PT-1 Form Needed

Please note: When calling for transportation services you must notify ModivCare if the members require curb to curb or door to door service. To ensure transportations needs are met if a medical escort is required, please notify ModivCare when scheduling. In addition, some vans carry transport stretchers, and an ambulance may not be required.

Member Eligibility

To obtain member eligibility, access Availity at

<https://apps.availity.com/availity/web/public.elegant.login>

Verification may also be obtained by phone at 855-838-7999.

EFT Registration through Change Healthcare/ECHO Health-for EFT payments and 835's

Referrals and Authorizations

SWH PCP's may send members to participating SWH specialty care physicians without a referral. Certain services may require plan authorization. For a list of those services, please utilize the [PA Look Up tool](#) on our website. Member eligibility should be reviewed before services rendered. Upon review, SWH will issue an authorization number for billing purposes. To obtain an authorization please fill out the appropriate Prior Authorization Form available on our website at <https://www.molinahealthcare.com/providers/ma/swh/resources/forms.aspx>

Submitting Claims/Corrected Claims

Submit claims using CMS claim submission guidelines. The preferred method to submit claims is electronic, using HIPAA Standard 837 format.

Clearinghouse: Change Healthcare

Change Healthcare Contact: 866-371-9066

Our EDI Payer ID number is: SWHMA

- Submit claims within 90 days from the service date
- Submit paper claims on CMS 1500 or Institutional UB04 forms
- To check claim status please utilize the Provider Portal at <https://apps.availity.com/availity/web/public.elegant.login> or call 855-838-7999
- Submit Claims Electronically or Mail Claims to:

- Senior Whole Health
P.O. Box 22640
Long Beach, CA 90801

Claims Appeals

For reconsideration of claims which have been denied or not paid as anticipated, submit your request in writing, fax, or through Availity. Attach supporting documentation (medical notes, authorization number or proof of timely filling) for review.

Submit appeals within 120 days from the remittance date

Send appeals to

Senior Whole Health

P.O. Box 22640

Long Beach, CA 90801

Fax: (562) 499-0610

Overpayments

Provider Disputes

Senior Whole Health, LLC #23240

PO Box 2470

Spokane, WA 99210-2470

Refund Checks Lockbox

Senior Whole Health, LLC

PO Box 23240

New York, NY 10087-3240

Fax Number

781.451.3259

PROVIDER DISPUTES-disputes and written correspondence go to **Spokane**-(examples-provider received a recovery letter and is disputing it, or provider wants to offset payment with a written letter)

REFUND CHECKS LOCKBOX-straight checks, (example-provider just wants to send a straight check to be refunded)

Pharmacy

SWH uses a comprehensive formulary which can be viewed on our website at

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

Please contact the Pharmacy Department directly for Part D coverage determination requests

- Phone: 855-838-7999
- Fax: 866-290-1309

If a medication rejection occurs, please refer to the website link above for a covered alternation.

Provider Updates/Changes

Updates to provider information should be sent via email with the Provider Information Update Form available on our website to [SWHProviderRelations](#) with 30 days advance notice. This includes changes to practice name and street address, practice telephone and fax numbers, panel status or ability to accept SWH members at your practice, billing or pay-to address, billing telephone and fax numbers, billing tax ID, group NPI and hospital affiliation changes.

Please be sure to check our website for updates, newsletters, and provider notices & resources.

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

Email Subscription Now Live

Senior Whole Health has developed an online subscription service for providers to automatically receive our critical updates delivered 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>