

Provider Quick Reference Guide



Senior Whole Health is a health plan available to seniors age 65 and older who have MassHealth Standard.

PCP Assessments

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

Additional Benefits

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

- ✓ **Vision -Vision Services Plan (VSP): 1-800-615-1883**
- ✓ **Behavioral Health – Magellan Behavioral Health: 1-800-770-3084**
- ✓ **Dental – DentaQuest: 1-844-234-9829**
- ✓ **Durable Medical Equipment – Integra Partners: Customer Service: 888-729-8818**
Email: administration@accessintegra.com. For discharge and urgent requests 888-848-9003
- ✓ **Transportation: ModivCare: 1-855-483-6530**
 - *For return trips/"where is my ride": Ride Assist can be reached at 1-844-544-1392
 - *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: 1-855-483-6530.
 - ***The wait time for these trips may be longer than the typical 2 hour window.**

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

Member Eligibility

To obtain member eligibility, access our provider portal at: www.seniorwholehealthma.com.

Please note: SWH member eligibility can also be verified using NEHEN or MMIS, and by calling 1-855-838-8002 (TTY 711)

Referrals and Authorizations

SWH PCPs 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 see the authorization grid located on our website. Upon review, SWH will issue an authorization number for billing purposes.

To obtain an authorization, please fill out the 2017 Standardized Prior Authorization Form. This form can be found on our website at www.seniorwholehealthma.com in the Forms & Resources section.

- ✓ **Outpatient authorizations fax numbers 617-460-8917**
- ✓ **Inpatient authorizations fax number 617-460-8918**
- ✓ **SNF authorizations fax number 844-360-6870**

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 (EMDEON)*

*ON 24/7 is a web-based system that allows customers to submit service requests and check on the status of those requests 24 hours a day, 7 days a week. Please contact Change Healthcare directly at 1-866-506-2830 or visit the ON 24/7 website at <https://clientsupport.changehealthcare.com/Login.aspx>

Our EDI Payer ID number is: 83035

- Submit claims within **90 days** from the service date.
- Submit paper claims on the **CMS 1500 (08-05)** or **Institutional UB04** forms.
- To check claim status, please go onto our Provider Portal via our website at: www.seniorwholehealth.com or call 1-866-233-4773 press option 2.

- Mail claims to: Senior Whole Health
Claims Department
P.O. Box 956
Elk Grove Village, IL 60009-0956

Please note: SWH provides coverage for Part B and Part D vaccines. All Part D vaccines need to be submitted to SWH. For any questions pertaining to claims submitted directly to SWH, please contact the Claims Department at 1-866-233-4773. For all claims submitted directly to TransactRx, please contact TransactRx directly at 1-866-522-EDVM (3386).

Claim Appeals:

For reconsideration of claims which have been denied or not paid as anticipated, submit your request in writing. Attach supporting documentation (medical notes, authorization number or proof of timely filing) with the Provider Payment Dispute and Adjustment Request form found on our website.

- Submit claims within **90 days** from service date

Send appeals to:
Senior Whole Health, Claims Department
1075 Main Street, Suite 400
Waltham, MA 02451

Pharmacy:

SWH uses a comprehensive formulary which can be viewed on our website at <https://www.seniorwholehealthma.com/for-providers-2/provider-materials/>

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

- Phone: 1-855-818-4876
- Fax: 1-888-251-7823
- Email: SWHpharmacy@magellanhealth.com
- <https://www.seniorwholehealthma.com/online-request-for-medicare-part-d-redetermination-prescription-drug-coverage/?preview=true>

If a medication rejection occurs, please refer to the website link above for a covered alternative. If you have any questions or concerns, please contact an SWH pharmacist at **1-855-818-4876**.

Provider updates/changes:

Updates to provider information should be sent in writing to SWH with **60-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.

Send changes to:

Senior Whole Health
Provider Relations Department
1075 Main Street, Suite 400
Waltham, MA 02451

Fax changes or updates to: 844-360-6868

Email: SWHProviderRelations@magellanhealth.com

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

<https://www.seniorwholehealthma.com/for-providers-2/provider-materials/>

To arrange a training or orientation regarding Senior Whole Health's policies and procedures, call Provider Relations at 1-855-838-7999.